

ARKANSAS -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- Access to services is cumbersome and not integrated.
- The state lacks an organized approach to long-term care planning.
- There is a long delay (45 days) in determining eligibility.
- The state lacks an independent assessment to determine eligibility for HCBS.
- Services are inconsistent in quality (unreliability; absenteeism; lack of training; and insensitivity to consumers' conditions and needs).
- Worker shortages and worker turnover interrupt service continuity.

Perceived Strengths

State has an active number of consumers and advocates, and has several grant-funded programs targeted toward nursing home transition and consumer-directed personal care through Medicaid.

Primary Focus of Grant Activities

- Achieve a better balance of spending between institution and home and community settings.
- Increase the availability of in-home workers.
- Improve or maintain the health of elderly persons who are dual eligibles.
- Increase consumer's control over their services.

Goals, Objectives, and Activities

Overall Goal. Design and implement improvements in community long-term care support systems to enable people with a disability or long-term care illness to live and participate in their communities in the least restrictive setting.

Goal I. Increase system quality and flexibility, and access to and availability of services to balance funding between institutions and home and community settings.

Objectives/Activities

- Complete a study that will enable the state to take advantage of federal options/flexibility.
- Develop implementation plan for increasing the quality and availability of services, and ease of access to those services.
- Train staff at all levels for coordinated, collaborative service delivery to clients.
- Provide consumers with complete information, timely eligibility determination, a more liberal consistent medical eligibility criteria, and quicker access to services.

- Develop and implement an assessment process for people at risk and those who are institutionalized that will determine least restrictive setting based on consumer preference and availability of services.

Goal II. Identify successful strategies to recruit and retain front-line workers, including those that focus on wages, benefits, training, and the establishment of a career path.

Objectives/Activities

- Conduct a study to determine how to develop a state plan for recruiting and retaining front-line workers.
- Implement public awareness campaign to assist in recruiting and retaining front-line workers.
- Evaluate and make recommendations regarding the feasibility of developing affordable group health insurance for front-line workers.
- Provide seed money to establish a worker registry for Arkansas.

Goal III. Develop a replicable model of a voluntary Medicaid/Medicare integrated system that efficiently manages the costs of services.

Objective/Activity

Develop options for a voluntary Medicaid and Medicare integrated system of supports and services.

Goal IV. Provide technical assistance regarding consumer self-determination practices to consumers and advocacy organizations.

Objectives/Activities

- Provide groups with training in organization development, networking, conflict resolution, strategic planning, and political dialogue.
- Develop a plan for regional meetings and other strategies for ongoing dialogue with lawmakers on consumer issues.
- Develop a statewide training program in advocacy for consumers and their families.
- Conduct sensitization training/experience that includes people with disabilities.

Goal V. Design and implement a single point-of-entry and information system that will provide consumers with information for decision making and choice.

Objectives/Activities

- Train point-of-entry workers.
- Develop and make available a comprehensive resource directory in alternative formats.
- Establish a toll-free number for all DHS services. Cross-train staff for a call center.

Key Activities and Products

- Develop and implement an assessment process for people at risk and those institutionalized that will determine least restrictive setting based on consumer preference and availability of services.
- Conduct a study then develop a state plan for strengthening recruitment and retention of workers.
- Implement a public awareness campaign to assist in recruiting and retaining front-line workers.
- Evaluate and make recommendations regarding the feasibility of developing affordable group health insurance for front-line workers.
- Develop options (written recommendations) for a voluntary Medicaid and Medicare integrated system of supports and services.
- Offer a consumer/family training curriculum statewide.
- Develop a statewide training program in advocacy for consumers and their families.
- Conduct sensitization training/experience (with video and newsletter) that includes people with disabilities.
- Train point-of-entry workers with a curriculum to be developed. Establish toll-free number for all services of DHS. Cross-train staff for call center. Determine client satisfaction with a survey.

Consumer Partners and Consumer Involvement in Planning Activities

The 16-member Consumer Task Force (CTF) was formed after the CMS request for applications. The CTF worked with DHS staff to identify gaps in the system and goals for the grant. A joint meeting of the CTF and Governor's Integrated Services Task Force (GIST) was held to finalize the grant goals and objectives.

Consumer Partners and Consumer Involvement in Implementation Activities

- The Consumer Task Force, the Governor's Integrated Services Task Force, and the National Advisory Council for Arkansas (NACA) will be involved in implementation activities. The Consumer Task Force will provide oversight for, and contribute to, many of the grant's activities.
- The GIST will help evaluate initiatives, develop the assessment tool to be used for people entering or already in institutions, in educating entry workers statewide, in developing and producing a comprehensive resource directory, in addressing worker issues and in strengthening and broadening consumer choice.
- The NACA will act as a resource to advise the grant implementers on federal and state opportunities, implementation strategies, and efficiency of service options.

Public Partners

- AR Association of Area Agencies on Aging (AAA).
- AR Center for Health Improvement.
- Governor's Advisory Council on Aging.
- Univ. of AR Rehabilitation Continuing Education Center.
- The Don R. Reynolds Center on Aging.
- University Affiliated Programs.

Private Partners and Subcontractors

- AARP.
- AR Aging Coalition.
- AR Waiver Association.
- AR Rehabilitation Services.

Public and Private Partnership Development/Involvement in the Planning Phase

Public Partners

During the development of the grant many of the public partners attended grant writing sessions. DHS staff personally contacted and met with other public partners to obtain their input. Public partners provided written material to be incorporated into the final grant application.

Private Partners

Private partners attended one or more grant development meetings. Private partners also provided written material to be incorporated into the final grant application.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

- AR Center for Health Improvement will provide expertise in statistics, demography, and epidemiology and will assure valid evaluation results for the project.
- Governor's Advisory Council on Aging will provide a consumer's perspective on how to increase flexibility to better meet the needs of older individuals, make the system more accessible, and coordinate Medicare and Medicaid services.
- Univ. of AR Rehabilitation Continuing Education Center will assist in developing a public education plan, training consumers to serve as instructors, provide technical assistance in workforce development, and facilitate group discussions, decision making, and problem solving.
- The Don R. Reynolds Center on Aging may help explore the possibilities of developing a model of voluntary Medicaid and Medicare integration.
- University Affiliated Programs will support training/education efforts, evaluate progress, and provide expertise in policy research and development.

Private Partners

- Area Agencies on Aging will work on Goal III.
- AARP will provide access to policy experts to review proposed changes and to help educate policy makers with a consumer's view of needed changes in the system.
- AR Aging Coalition will work in support of changes in eligibility determination in Goal I and recruitment and retention of front-line workers in Goal II.
- AR Waiver Association members will work on Goals I, II, and IV.
- AR Rehabilitation Services will work on all levels of the project.

Oversight/Advisory Committee

The Consumer Task Force and the Governor's Integrated Services Task Force will develop issues to be examined in studies regarding federal/state options, actuarial studies, and cost/benefit analysis. They will also provide input into the implementation plan for increasing quality, availability, and access, identify outcomes in cross-training for DHS divisions, review drafts of materials developed under contract, and provide feedback on the effectiveness of the worker registry.

Formative Learning and Evaluation Activities

The CTF and the NACA, among other groups, will review activities at critical points of implementation and provide input into reports. The state will seek assistance on the use of various concepts and practices involving formative evaluation activities.

Evidence of Enduring Change/Sustainability

Efforts to increase the pool of front-line workers should result in a larger pool after the grant ends.

Geographic Focus

Statewide.