



# **ARKANSAS DEPARTMENT OF HUMAN SERVICES**

The intent of this document is to address the questions submitted regarding the State's recent Request for Information (RFI), released May 15, 2015. The intent of the RFI is to explore opportunities in contracting with one or more at-risk managed care organizations (MCOs) to serve Medicaid-eligible Arkansans who require services in one or more of the following special needs areas: Behavioral Health Services (BH), Developmental Disabilities Services (DD), and care for the Aged, Frail and Physically Disabled (collectively referred to as Long-Term Services and Supports, or LTSS).

The Q&A below has been grouped in the following four categories: General Information, Current System, Populations and Services, and Providers. Questions have been transcribed verbatim to facilitate identification and follow-up by those who submitted them.

## **General information**

**Q: Will any limits or restrictions be imposed on respondents based on their responses to the RFI? e.g., will respondents be limited to proposing on programs or coverage types that they address in their RFI response?**

**A:** Responses to the RFI are intended for information gathering only, and will not be used to evaluate or restrict respondents in any future RFP process related to these program areas.

## **Current system**

**Q: For people with IDD with a dual diagnosis, how do the IDD and BH/MH systems currently integrate?**

**A:** Arkansas currently does not have a fully integrated program for behavioral health and developmental disabilities services. There are a number of providers that offer services to both populations, such as certain outpatient clinics and home and community-based services agencies. There is also coordination between the state agencies responsible for these populations. Respondents to the RFI are encouraged to provide a perspective on the level of integration they believe would be appropriate for potential future programs that serve these populations.

**Q: Is there a universal screening/assessment in place now?**

**A:** For Long Term Services and Supports (LTSS) clients in home and community based settings, there is an active assessment process in place using the InterRAI tool. For developmental disabilities clients in home and community based settings, one set of assessments has been conducted, also using the InterRAI tool. The intention is to use universal assessments across all three populations in the future.

**Q: The RFI states that 3,000 individuals have applied for participation in the ACS waiver, but they have not yet been granted. Is there a particular reason for the delay?**

**A:** The total number of individuals on the Alternative Community Services (ACS) waiver is capped due to budget constraints. The State maintains a waitlist for the individuals who have not yet received a slot. Individuals on the waitlist who are enrolled in Medicaid are eligible for some state plan services, such as Developmental Day Treatment Clinic Services (DDTCS)

**Q: Can DHS provide details regarding the current structure for referring, diverting or stepping down from institutional/facility-based settings for IDD?**

**A:** The State currently has an annual checking process in which individuals are asked whether they would prefer to stay in their current setting or to transition to an alternative setting. Clients who are interested in transitioning may receive special services, including Money Follows the Person (MFP) and priority on the waitlist for the ACS Waiver. Individuals can ask at any time to receive transitional support.

**Q: Can DHS provide information on any programs to address psychotropic prescribing patterns (e.g., “academic detailing”)?**

**A:** The State has developed programs targeting specific populations including foster children; youth under age five; and specific diagnoses. The State welcomes further suggestions from respondents to the RFI on potential programs.

**Q: If possible, provide information on the Arkansas Episode Based Models for Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD)**

**A:** Respondents are encouraged to visit the Arkansas Health Care Payment Improvement Initiative (AHCPII) website for further detail (<http://www.paymentinitiative.org/episodesOfCare/Pages/default.aspx>).

**Q: Has there been any discussion regarding changing the program in light of the proposed federal regulations around Medicaid managed care (e.g., access standards)?**

**A:** The State would welcome viewpoints from respondents on this topic including its impact on potential programs proposed.

## **Population and Services**

**Q: In our experience, 12% would seem to be a very low number for the duals in DD populations. Can the State provide detail on how they came up with the duals number for DD?**

**A:** The methodology described in Exhibit 15 of the Data Appendix includes detail on the approach taken. As shown, the dual eligible population varies widely based on the type of service in question. The overall percentage is brought down by types of service generally more focused on children or on individuals who have not been judged to require an institutional level of developmental disabilities services.

**Q: How many of Arkansas' existing duals are enrolled in Medicare Advantage vs. FFS?**

**A:** Data is currently not available at this time to address this topic.

**Q: How is funding for services for Medicaid-eligible persons that are not covered by Medicaid (e.g., housing, certain parts of supported employment) currently covered? Will this issue be explicitly addressed in the RFP?**

**A:** Certain services are currently being provided through waiver programs (e.g., employment-related services, environmental adaptations). Other services are available within the State through federal funding or grants (e.g., substance abuse services). Respondents are encouraged to provide detail on their recommended approach to integrating with or expanding upon these programs and services in their response to this RFI.

**Q: If separate RFPs are issued for the different populations, how will BH services for the LTSS and DD populations be addressed?**

**A:** The State has yet to make a final determination on the approach that would be taken regarding coverage model. Respondents to the RFI are encouraged to provide input on their recommended approach and rationale.

**Q: Has DHS decided on the services that would be included (as well as those that would be excluded) from Medicaid-funded “halo” spend? Please provide any determinations that have been made. If the definition of “halo” spend is one of the areas in which DHS seeks input, please provide that guidance**

**A:** The definitions given on p.44 of the Appendix describe the approach taken to produce the data included in the RFI, but do not necessarily reflect the state’s view on potential future program structure.

**Q: Are there state employment initiatives for IDD?**

**A:** The ACS Waiver provides services for supportive employment.

**Q: We understand that emergency services are expected to be provided. Is there an existing state/county/local system? Of the populations covered in the RFI, are all or only some currently receiving crisis support?**

**A:** The Behavioral Health program provides a limited crisis intervention service, which includes some degree of in-person support. Further detail is provided on the DHS website ([http://humanservices.arkansas.gov/dbhs/Pages/dbhs\\_services.aspx](http://humanservices.arkansas.gov/dbhs/Pages/dbhs_services.aspx)). Respondents to the RFI are invited to share their previous experiences in providing these services to one or more of the included populations, as well as the associated opportunities and challenges.

## **Providers**

**Q: What is the breakdown of public vs. private ICF/IDDs in the State and does the State anticipate how rates would be structured to manage members in these facilities?**

**A:** The five Human Development Centers (HDCs) are public facilities, while all other Intermediate Care Facilities for Intellectual and Developmental Disabilities (ICF/IDDs) are privately owned. Arkansas currently has 960 beds in Human Development Centers and 375 beds in private ICF/IDDs. The corresponding spend is detailed in the Data Appendix of the RFI. Respondents to the RFI are encouraged to provide detail on their recommended approach for the future rate structure to manage members in these facilities.

**Q: Beyond Human Development Centers and ICF/IDD, are there other inpatient or long-term facilities to which MCO members may be referred (e.g., Psychiatric Residential Treatment Facility)**

**A:** There is a wide variety of facilities in Arkansas, including both public and privately funded institutions. Some examples are Psychiatric Residential Treatment Facilities, Psychiatric Residential Treatment Units, Assisted Living Facilities, Skilled Nursing Facilities, and other residential facilities.

**Q: What is the current structure of case management for DD in the State (private/public) and does the State have a preference for how this would work in a MCO environment?**

**A:** Arkansas' approach to case management is primarily private, with the exception of case management-related services provided within Human Development Centers. RFI respondents are encouraged to provide detail on their recommended approach.

**Q: On page 20 of the Data Appendix it stated that the "Top 5% of providers account for 55% of all core DD spend". Can you specify the provider types in top 5%? For example, are they private providers and if so, what type, or are they an ICF or HDC?**

**A:** Providers with most consolidated spend for developmental disabilities services tend to be weighted toward institutional facilities, as well as select home and community based services agencies.

**Q: On page 10 of the Data Appendix: "The top 5% of providers account for 43% of all core BH spend". Can DHS provide further information regarding type of provider represented (e.g., community mental health center, hospital system)?**

**A:** Providers with most consolidated spend for behavioral health tend to be weighted toward inpatient psychiatric facilities.