

Abstract
Real Choice Systems Change
Systems Transformation Grant

Arkansas has received \$2,850,000 in federal funds over a 5-year period to successfully implement a Systems Transformation grant to achieve the following outcomes or products: 1) individuals receiving the right care at the right time through a streamlined application process for home and community-based waiver services that shortens the time from eligibility determination to access from 45+ days to less than five; 2) individuals wanting home and community-based services receive them through a triage process; 3) measurable quality improvements through management reports that accurately document progress and enable key entities to make continuous system improvements; 4) easier participant access through an integrated information technology; and 5) improved health, better outcomes, and reduced use of institutional care through a primary care case management program for dually eligible individuals with chronic illnesses. These will be achieved by:

- 1) Complete the establishment of a **one-stop service system** assuring access to community based services by providing accurate, consumer specific information to individuals about available services, whether public or private, and connecting them with those services. It will provide service authorizations, service delivery monitoring, and periodic reassessments.
- 2) Build a comprehensive, automated **quality management system** enabling Arkansas to measure and report on system performance to assure the successful achievement of our one-stop service system and the outcomes sought by people with disabilities of all ages. We will do this by interfacing our management system with the Medicaid Management Information System (MMIS) based on CMS' HCBS Quality Framework and Interim Procedural Guidance. This system will generate routine quality management reports as well as allow ad hoc reporting. Three current HCBS waivers will be combined into one, creating a uniform quality management system and simplifying consumer access to service options.
- 3) **Transform information technology to support systems change** from the current paper-based application, assessment, plan of care, and case record processes into online, web-based process supported by the MMIS or its interfacing systems. The automated information will be available to participants, providers, case managers, program administrators, and others with a need to know. All information will be shared in keeping with applicable privacy laws and regulations.
- 4) **Create a system that effectively manages funding for long term supports for community living** by developing a statewide primary care case management program for people who are dually-eligible and others with chronic illnesses. This program will ensure appropriate health care to participants, enabling them to remain in the community and will reduce use of institutional care. The program will change the organizational culture within the waiver programs and HCBS provider agencies by emphasizing improved health, outcomes, and mutual accountability, rather than providing fragmented services.