DEVELOPMENTAL DISABILITIES (DD) AND BEHAVIORAL HEALTH (BH) EPISODE

- **What are the details of the developmental disability episode?**
  The proposed developmental disability (DD) episodes will be grounded in an assessment that initially applies to all adult DD clients currently receiving institutional or ACS Waiver services. The assessment is needed to ensure that a fair, fact-based, holistic view of a client’s need is the foundation for service allocation. Assessments will be carried out by independent assessors using the InterRAI assessment tool. The assessment will result in the determination of a “level of need” for each client; this level of need will in turn be matched to a bundled dollar amount to be paid for DD service provision.

  There will be four types of DD service episodes in the new model. Three require a current institutional or ACS Waiver slot:
  1) A comprehensive DD service episode covering a similar set of services to those provided in HDCs, ICFs and on ACS Waiver plans today
  2) A self-directed episode which is similar except that it offers an individual or family greater flexibility in directing the services
  3) An individual support option which makes available a broader choice of services in return for a smaller bundle amount.
  4) The fourth episode type, for those clients currently receiving DDTCS services only, is an expanded DD service episode offering a broader set of services within the DDTCS program.

- **In the new model, how will services be planned and coordinated?**
  Services will still be planned by an interdisciplinary team, which includes the person served, and all relevant parties including families, caregivers and providers. A lead provider selected by the client will be responsible for ensuring that services across all their clients are delivered within the total budget and according to each client’s plan of care.

- **Who is involved with designing the episode?**
  The developmental disability (DD) episode is being developed in close collaboration with stakeholder groups including client representative groups and providers. Five public forums have been held to inform the design and implementation of the new DD payment model. These sessions have been well attended by Arkansas DD providers, clients, family members, and other advocates across the state.

- **What is a “health home”?**
A health home is a role that provides support for people who need an increased level of care coordination or face greater challenges in navigating the healthcare system. A health home coordinator will maintain a person-centered integrated plan of care across developmental disabilities, behavioral health, long-term care and medical services. The goal of the health home is to ensure that providers working with the client are aware of the integrated care plan and works with that the client to adhere to the plan. Health homes are currently under development for the DD, behavioral health and long term services and support populations.

■ What are the key activities of a health home?
At a high-level, the activities of the health home are to:
1. Develop, monitor and facilitate adjustments to the integrated care plan (DD, long-term care, behavioral health, medical, self-management)
2. Ensure effective collaboration and information sharing between providers to implement the integrated care plan
3. Encourage adoption of a healthy lifestyle and support individuals in self-management plans
4. Coordinate care through periods of change
5. Serve as an advocate and educator to individuals and their families
6. Serve as or be a part of a comprehensive resource center
7. Utilize technology to fulfill health home activities

■ What are Community First Choice Option (CFCO) and Balancing Incentive Payments Program (BIPP) and how do they impact the DD community?
These two new Medicaid options provide increased federal funding for home and community-based attendant services and supports. Funding from these sources will allow Arkansas to provide services to individuals on the ACS Waiver waitlist.