

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**Quarterly Spending Plan and Narrative Update for Enhanced  
Funding for Medicaid Home and Community-Based Services  
under Section 9817 of the American Rescue Plan Act of 2021**

**January 2023**

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## Quarterly Spending Plan Narrative Update

Section 9817 of the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2) provides states with a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid home and community-based services (HCBS). States must use funds equivalent to the amount of federal funds attributable to the increased FMAP to implement activities that enhance, expand, or strengthen Medicaid HCBS. In its Initial Narrative and Spending Plan, the District proposed to utilize ARPA funding to enhance, expand, and strengthen HCBS in four major areas:

- Provider Reimbursement and Workforce Recruitment, Retention, and Development;
- Expanding Services and Increasing Access to Services;
- Quality Oversight, Infrastructure, and Provider Capacity Building; and
- Beneficiary Education, Support, and Supporting Transitions of Care

The District of Columbia (District) received partial approval of its Initial Narrative and Spending Plan from the Centers for Medicare and Medicaid Services (CMS) effective August 31, 2021 and provided response to request for additional information on contained therein on September 14, 2021. The District also incorporated responses and requested edits into its November 2021 quarterly update and it's into an amended version of its Initial Narrative and Spending Plan. The District submitted an updated Spending Plan and Narrative on February 2, 2022. The District received an updated letter of partial approval on February 7, 2022 that included request for additional information. The District responded to CMS request for additional information on March 28, 2022. The District received approval of its February 2, 2022 Spending Plan and Narrative on May 3, 2022. The District submitted its updated Spending Plan and Narrative May 2022 and received approval in November 2022.

The District is providing an updated spending plan this quarter in an attached excel workbook. The attached workbook contains updated quantitative information on anticipated and actual expenditures for the state's activities to enhance, expand, or strengthen HCBS. As an overview, upon submission of the District's Q2 CMS-64, the total ARPA Section 9817 enhanced FMAP claimed by the District will total \$89,570,219. The District's managed care claiming methodology is still under review by CMS, so this amount does not include any managed care expenditures. Once the methodology is approved, our plan is to submit prior period adjustments to claim the additional funds.

For this quarter, narrative updates include proposed scope revisions to previously approved projects, newly proposed ARPA initiatives, and updates on each previously approved ARPA initiative.

### **Provider Reimbursement and Workforce Recruitment, Retention, and Development**

- **Direct Support Professional (DSP) Bonus Payment**  
Projected Cost: \$4.6M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Utilize ARPA funding for bonus payments to a targeted group of direct support professionals that deliver services under the 1915(c) HCBS Waiver for People with Intellectual and Developmental Disabilities and the 1915(c) HCBS Waiver for Individual and Family Support.

**January 2023 Update:**

- **Direct Care Worker\* Recruitment and Conversion Bonus Payments**

Projected Cost: \$8.14M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

To increase the pool of qualified staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, fund one-time bonuses through disbursements to HCBS providers for (1) recruitment of new, certified direct care staff to deliver Medicaid-reimbursable services; and (2) conversion of staff employed during the PHE through reciprocity or flexibility agreements to certified direct care staff.

**January 2023 Update:** DHCF disbursed this funding through a grant to Medicaid-enrolled Home and Community-Based providers. We solicited applications for this publicly-noticed grant opportunity beginning October 14, 2022 and all applications were due November 2, 2022. The grant will be awarded to qualifying Medicaid enrolled HCBS providers and will fund bonus payments for either recruitment of new employees or conversion of direct care workers who are eligible Direct Care Workers who were hired under temporary authorities by DC Health to become licensed direct care workers between April 1, 2021 and September 30, 2022. All complete applications received on a timely basis will be awarded subject to verification of documentation provided, not to exceed to total projected cost for this initiative. DHCF is currently processing and verifying the information submitted in each application.

- **Direct Care Worker Retention Bonus Payments**

Projected Cost: \$17.7M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

To maintain the pool of qualified staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, fund worker bonuses through disbursements to HCBS providers for payment of year-over-year retention bonuses to certified direct care staff in Medicaid service delivery. The initiative will fund up to two retention bonuses to workers meeting program requirements.

**January 2023 Update:** The District is disbursing this funding through a grant to

Medicaid-enrolled Home and Community-Based providers. The District solicited applications for this publicly-noticed grant opportunity beginning October 14, 2022 and all applications were due November 2, 2022. The grant is funding retention bonus payments to eligible Direct Care Workers who complete up to 2 continuous 12-month periods of continuous employment, as defined by DC Health, between January 27, 2020 to September 30, 2022. All complete applications received on a timely basis are being awarded subject to verification of documentation provided, not to exceed to total projected cost for this initiative. DHCF is currently processing and verifying the information submitted in each application, with some providers having received funds while other have not received the funds yet.

- **Direct Care Worker Transportation Benefit**

Projected Cost: \$6M

Programs Impacted: 1915(c) EPD Waiver; State Plan Home Health

Fund an update to HCBS provider reimbursement methodologies that supports the reasonable costs associated with direct care workers traveling to provide services to Medicaid beneficiaries.

**January 2023 Update:**

District is reviewing State Plan and 1915(c) HCBS Waiver policy options to support implementation of direct care worker transportation benefit. The ongoing Home Health Rate Study Initiative will inform these options.

- **Direct Care Worker Training**

Projected Cost: \$400,000

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

Education and resources for training direct care and provider staff on person-centered thinking, HCBS Setting rules, behavior management supports for people experiencing cognitive decline or with other complex care needs.

**January 2023 Update:**

The District is finalizing plans to hire and onboard a program coordinator that will be responsible for education and training for providers, including District led training and education programs, assessment of provider-driven training and education programs, and coordination across District agencies on provider development.

- **Direct Care Worker Vaccination Incentive**

Projected Costs: \$2,860,000

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS

Under this initiative the District will reimburse HCBS providers for reasonable costs incurred to incentivize direct care workers to receive the COVID-19 vaccine and any

recommended boosters. The District will reimburse providers for the costs associated with staff bonus payments, paid leave, or other incentive structure approved by the District.

**January 2023 Update:** The District is disbursing this funding through a grant to Medicaid-enrolled Home and Community-Based providers. We solicited applications for this publicly-noticed grant opportunity beginning October 14, 2022 and all applications were due November 2, 2022. The grant will be awarded to qualifying Medicaid enrolled HCBS providers and will fund the providers for the monetary value of payments or other incentives given or that will be given to eligible employed health care workers who provide Medicaid services at HCBS agencies who received the vaccine and/or booster shot against the coronavirus between December 1, 2020 and September 30, 2022. All complete applications received on a timely basis will be awarded subject to verification of documentation provided, not to exceed total projected cost for this initiative. DHCF is currently processing and verifying the information submitted in each application, with some providers having received funds while other have not received the funds yet.

- **DDS Behavioral Health Initiative**

Projected Costs: \$500,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Under this initiative the District will use ARPA funds to contract with the Institute for Applied Behavior Analysis to provide ongoing training in Positive Behavior Supports for staff of DDS and other District of Columbia Government agencies, as well DD services providers. The goal of the training would be to build system capacity by teaching District providers and District agency staff how to manage behaviors (not necessarily dangerous behaviors) of individuals with IDD who are also diagnosed with a co-occurring behavioral health issue. The training will increase agency and provider capacity by building functional skills that will result in better management and treatment of behavioral health issues in the people served.

The contracted vendor will provide live training webinars on specific topics related to people who are dually diagnosed with IDD and behavioral health conditions. The training will consist of evidence-based content on topics that have direct application to quality services and supports so that people with dual diagnosis can lead self-determined and personally satisfying lives. The training will be available to direct support professionals and others who want to increase their knowledge of emerging trends and skills needed to develop professionally and advance in careers working with people dually diagnosed with IDD and behavioral health challenges. Additionally, DDS will seek to obtain authority to award psychology continuing education credits for behavioral health providers.

**January Update:**

In its May 2022 quarterly submission, the District proposed an update to the approved scope of this initiative and revised projected costs. On November 21, 2022, CMS

approved those changes.

In March and July 2022, the District facilitated two four-day Positive Behavior Support Trainings for DDS's provider community, DDS employees, and other District agencies including Department of Behavioral Health (DBH) and Child and Family Services Administration (CFSA).

- **Retainer Payment Extension**

Projected Costs: \$1.1M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Fund extension of retainer payments for IDD/IFS Day providers as authorized by SMD #21-003.

**January 2023 Update:**

In accordance with policy authority established under the corresponding Appendix K for the 1915(c) IDD HCBS Waiver and 1915(c) IFS HCBS Waiver, implementation of this initiative concluded effective December 31, 2021.

- **Developmental Disability Provider Rate Study**

Projected Costs: \$1.1M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Conduct a study on the adequacy reimbursement for providers under the IFS and IDD waivers by engaging the services of an external actuary to evaluate Medicaid reimbursement rates for all services, with the goal of ensuring the reimbursement rates remain competitive and adequate for high-quality services and supports to Medicaid recipients.

**January 2023 Update:**

The District is finalizing the statement of work that will be used in the public issuance of a Request for Proposals.

- **Home Health Rate Study**

Projected Costs: \$455,000

Programs Impacted: State Plan Home Health

Fund a Home Health rate study to review District Medicaid reimbursement of home health services provided under the State Plan. The study will facilitate implementation of a comprehensive rate methodology that ensures equitable payment to providers and explores incorporating value-based purchasing principles into reimbursement for home health services.

This is a one-time study; therefore, the District does not anticipate funding of this initiative beyond March 31, 2024.

**January 2023 Update:**

The District is proposing to increase projected spending associated with this initiative to \$750,00 over the project timeline. The District is finalizing procurement materials to facilitate implementation of this initiative. The District expects implementation of this initiative in fiscal year 2023.

- **Adjustment to Behavioral Health Rehabilitative Service Reimbursement Rates**

Projected Costs: \$13.8M

Programs Impacted: ASARS; MHRS

Effective April 1, 2022, the District plans to utilize ARPA funds to increase behavioral health rehabilitative service reimbursement rates in District fiscal year 2022 and 2023 by an amount equal to growth in the Medicare Economic Index over the same period.

The District plans to seek federal financial participation for this initiative and will submit a corresponding amendment to the District of Columbia Medicaid State Plan for CMS review in the coming weeks. This initiative will be sustained in future fiscal years using available local funding allocated to administering agencies during the District's budget development process.

**January 2023 Update:**

The District received CMS approval of rehabilitative service reimbursement rates via DC SPA #[22-005](#) (Reimbursement Increase for Behavioral Health Rehabilitation Services). The District implemented the first inflationary increase effective April 1, 2022 and the second effective October 1, 2022. The District published guidance on this initiative via two transmittal available on the DHCF [website](#).

- **Direct Care Professional Payment Rate Support**

Projected Costs: \$52.6M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS

The District is currently experiencing a workforce shortage in Direct Care Professionals (DCPs) in Home and Community Based Services (HCBS). This enhancement proposes to provide supplemental payments or supplemental budget allotments to support an increase in wages paid to certain DCPs (e.g., personal care aides, direct support professionals) with the goal of encouraging worker retention and increasing recruitment.

Beginning October 1, 2022, the District will use ARPA funds to fund supplemental payments or supplemental budget allotments to support an increase in wages paid to certain DCPs. By October 1, 2025, the Medicaid reimbursement will be sufficient to support, on average, payment of 117.6% of the District Living Wage or 117.6% of the



District Minimum Wage, whichever is greater. This initiative will also ensure parity in wages for DCP's working in community settings, Home Health Agencies, and qualifying Behavioral Health Care settings.

The District intends to claim FFP for this initiative and will seek corresponding policy approvals from CMS to support implementation of this initiative. This initiative will be sustained beyond March 31, 2024, using available local funding.

**January 2023 Update:**

Effective in fiscal year 2023, CMS approved the District of Columbia's request to amend or renew all three 1915(c) HCBS Waiver Programs. The approvals establish federal concurrence for these supplemental payments to providers and budget enhancements for self-directed services.

Additionally, the District is seeking corresponding authority to make supplemental payments to State Plan providers and expects submission for CMS approval in the near term.

DHCF has published guidance on this initiative on its website and implementation will be ongoing throughout the upcoming fiscal years.

**Expanding Services and Increasing Access to Services**

- **Certified Medication Aides (C-MAs) and Services**

Project Costs: \$1.2M

Programs Impacted: State Plan Home Health

Expand scope of services of State Plan Home Health services to include services provided by C-MAs; update home health reimbursement methodology to establish reimbursement rate for C-MAs.

**January 2023 Update:**

District is reviewing State Plan policy options to support implementation of a Certified Medication Aides benefit. The ongoing Home Health Rate Study Initiative, outlined above, will inform these options.

- **DDS Telehealth Initiative**

Projected Costs: \$1.42M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Increase access to telehealth for beneficiaries with I/DD by acquiring application and technology solutions that will allow them to remotely access urgent care physician services.

**January 2023 Update:**

The District is updating the projected costs of this initiative to account for the costs for the service in fiscal year 2022 as well as fiscal year 2023. The new projected cost is \$2.13M.

The District has 1,505 people enrolled in telehealth services since the launch of the program. The technology has been disseminated to 680 locations which enables beneficiaries to access urgent care physicians remotely.

- **Therapeutic Services to Prevent Functional Decline**

Projected Costs: \$9.65M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health

Fund implementation of services and programmatic changes to increase the capacity of beneficiaries to remain in the community. Activities include establishment of a triage team to focus on high-risk beneficiaries; and funding for changes to the scope of State Plan DME.

**January 2023:**

In the May 2022 quarterly submission, the District proposed a revision to the scope and projected costs associated with implementation of this initiative. This was approved by CMS on November 21, 2022. DHCF is currently in the recruitment process to staff the triage team for this initiative.

- **1915(c) IFS Waiver Self-Directed Services**

Projected Costs: \$250,000

Programs Impacted: 1915(c) IFS Waiver

Expand the IFS Waiver to include self-direction. Working with their care planning team and within the parameters of their person-centered service plan, self-direction will permit individuals and their families/guardians to determine what mix of services and supports works best for them by expanding their degree of choice and control. Additionally, self-direction will allow individuals and their families/guardians to exercise employer authority to recruit, hire, supervise, and discharge qualified workers who provide participant-directed support. ARPA funding will cover the service until Sept 30, 2023.

**January 2023 Update:**

The District is proposing a revision to the scope and projected cost with implementation of this initiative.

Expand the IFS Waiver to include self-direction. Working with their care planning team and within the parameters of their person-centered service plan, self-direction will permit individuals and their families/guardians to determine what mix of

services and supports works best for them by expanding their degree of choice and control. Additionally, self-direction will allow individuals and their families/guardians to exercise employer authority to recruit, hire, supervise, and discharge qualified workers who provide participant-directed support

The District is proposing to utilize the additional funds to hire a consultant and Program Coordinator. The consultant will provide technical assistance, assist with implementation, and project management for IFS/PDS. The Project Coordinator will monitor the Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS) contract, identify and implement solutions to issues and concerns that emerge related to contract performance, and guide business processes related to enrollment into the PDS program. The Project Coordinator will conduct the annual audit for the contractor supporting the PDS program. The new projected cost for the initiative is \$1.51M.

- **Remote Patient Monitoring Pilot**

Projected Costs: \$225,000

Programs Impacted: N/A

Pilot program to test strategies that may be used to develop a reimbursement policy for remote patient monitoring (RPM). This pilot grant program will cover the cost of using remote patient monitoring devices services for individuals with chronic conditions or using home and community-based services, especially those at risk for adverse outcomes due to coronavirus (COVID-19).

**January 2023 Update:** A Request for Applications (RFA) was reissued with a due date of August 22. The District evaluated submissions as part of the competitive RFA process, and awarded the Remote Patient Monitoring Pilot Grant to McFarland & Associates. McFarland & Associates has significant regional experience implementing remote patient monitoring solutions and working with Medicaid population to use technology to improve health outcomes. With a grant kick-off at the beginning of December, McFarland & Associates has been in conversation with local stakeholders to make connections for care coordination and monitoring, seek input on study design, and plan for beneficiary enrollment. The remote patient monitoring pilot will leverage CareSimple devices and the accompanying monitoring platform to monitor readings and direct intervention.

- **Innovative Programs, Pilots, or Studies**

Project Costs: \$5M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS

The District proposes to fund larger innovative programs, studies, or pilots identified by District stakeholders that focus on systematic goals such as improving integration of medical, behavioral, and LTSS care of HCBS recipients and reducing acute care costs or demonstrating value-based purchasing arrangements between health plans

and LTSS providers.

**January 2023 Update:**

The District will continue to engage with stakeholders to identify programs for inclusion under this initiative. The District will submit initiatives for CMS review and approval ahead of implementation.

- **Assisted Living Facility (ALF) Study**  
Projected Costs: \$350,000  
Programs Impacted: 1915(c) EPD Waiver

Fund and conduct survey of ALF providers and HCBS beneficiaries in the District to determine scope of need; provider capacity; and inform determination of appropriate level of care for accessing ALF services.

**January 2023 Update:** DHCF recently executed a contract with an organization who will complete the ALF study. The contract activities are set to begin in January 2023.

**Quality Oversight, Infrastructure, and Provider Capacity Building**

- **Electronic Health Records (EHR) Incentive Program**  
Projected Costs: \$9.6M  
Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(i) Housing Supportive Services; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Modeling the Health Information Technology for Economic and Clinical Health (HITECH) Act funded DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program), the District proposes to incentivize HCBS providers to adopt certified electronic health records (EHRs) and connect to the DC Health Information Exchange (HIE); expanding HCBS providers capacity to communicate with the broader health system by encouraging the secure interoperability of patient records via the providers EHR and enabling whole person care and population health management via the DC HIE.

**January 2023 Update:**

A Request for Applications (RFA) was issued with a due date of December 2021. The District evaluated submissions as part of the competitive RFA process, and awarded the HCBS Digital Health Technical Assistance grant in late July 2022 to the District of Columbia Primary Care Association (DCPCA) and its sub-grantees to deliver tailored technical assistance to HCBS provider organizations to adopt digital health technologies and achieve HIE Connectivity in the District. Since the award, the grantee has diligently conducted outreach and begun the deliverance of tailored technical assistance to the targeted HCBS provider organizations, inclusive of behavioral health,

housing support services, long term support services and disability services providers. Moreover, participating HCBS providers have begun to receive incentives for meeting program milestones amounting to approximately \$80,000 total across 30 unique provider organizations.

- **HCBS Telehealth Project**

Projected Costs: \$920,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(i) Housing Supportive Services; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Create a technical assistance (TA) program that builds on efforts to expand use of certified electronic health record technology (CEHRT), extends telehealth investments made during the pandemic and encourages the use of remote patient monitoring devices in alignment with the aforementioned remote patient monitoring pilot.

**January 2023 Update:**

A Request for Applications (RFA) was issued with a due date of December 2021. The District evaluated submissions as part of the competitive RFA process, and awarded the HCBS Digital Health Technical Assistance grant in late July 22 to the District of Columbia Primary Care Association (DCPCA) and its sub-grantees to deliver tailored technical assistance to HCBS provider organizations to adopt digital health technologies and achieve HIE Connectivity in the District. Since award, the grantee has attended provider kickoff and onboarding calls in coordination with the HCBS PI TA team to assess the telehealth priorities and needs of the targeted HCBS provider organizations, inclusive of behavioral health, housing support services, long term support services and disability services providers. In addition, the grantee has begun the creation of telehealth-specific outreach materials, telehealth policy guideline documents, vendor shortlists, and drafted the HCBS Telehealth TA Program scope of services in preparation for the telehealth delivery of services set to begin in January 2023.

- **InterRAI Expansion**

Projected Costs: \$5M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver

The District proposes to expand its suite of InterRAI tools to better assess beneficiary care needs and risks for adverse health events. The InterRAI is the assessment tool DHCF utilizes for long-term services and supports. Expanding the suite of tools will allow the District to ensure implementation of all appropriate interventions for individuals at high risk of poor health outcomes; and it will inform the District's knowledge base with regard to the efficacy of current service models and services.

**January 2023 Update:**

The District is finalizing procurement materials to facilitate implementation of this initiative. The District expects implementation of this initiative in the latter half of fiscal year 2023.

- **DDS Information Technology System**

Project Costs: \$435,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Updates to support DDS HCBS functions as well as purchase the equipment needed to handle data processing. Focus will be on migrating DDS's HCBS systems to a cloud-based server and allow for critical improvements to system infrastructure.

**January 2023 Update:**

The District is updating the projected costs of this initiative to account for the costs to improve the system infrastructure and purchase equipment fiscal year 2022 as well as fiscal year 2023. The new projected cost is \$435,000.

- **DDS Remote Support and Enabling Technology**

Project Costs: \$5.09M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

The District's Enabling Technology Projects focus is to accelerate Technology First efforts. The project aims to procure, customize, and implement an Artificially Intelligent (AI) web-based platform that will enhance technology service delivery for people with disabilities. The AI platform will be utilized to automate matching people with I/DD to Enabling Technology (e.g., Assistive Technology and Remote Supports). DDS will onboard a qualified Subject Matter Expert (SME) to scale the AI Platform to effectively match Person-Centered profiles to Enabling Technology solutions. The SME will also be tasked with creating a sustainable network of local Remote Supports service provider organizations throughout the District of Columbia. The SME will lead all project activities including implementation strategy, tech matching, acquisition, delivery, installation, and training activities.

**January 2023 Update:**

In July 2022, the District proposed an update to the approved scope of this initiative and received approval from CMS on November 21, 2022. The District will have substantive updates on implementation of the initiative in its next submission.

- **DDS Stakeholder Technical Assistance**

Projected Costs: \$508,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Initiate consultation (education and training) with DDS stakeholders to build the familiarity with telehealth resources/consumer technology and speed adoption by DDS stakeholders.

**January 2023 Update:**

The District is preparing for acquisition and enrollment into a self-paced online SHIFT Technology First Credential and Certification training program. The training will provide education in person-centered technology planning and implementation best practices. Standardizing skill development throughout disability services community is in support of increasing the utilization of technology solutions by people with disabilities as natural support at home, work, and in the community.

- **Quality Management Contractor**

Projected Costs: \$2M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; D-SNP; PACE

Solicit a contractor to support the District’s planned transition to managed long term services and supports (MLTSS) to promote more outcome-based care delivery in LTCSS, assist DHCF in developing an overarching value-based purchasing program across all LTSS programs, and implement program structures that will ensure quality of care across all new programs, especially MLTSS.

**January 2023 Update:**

The District is finalizing procurement materials to facilitate implementation of the Quality Management Contractor Initiative. The District expects implementation of this initiative in the latter half of fiscal year 2023.

- **Clinical Case Management System Enhancements**

Projected Costs: \$850,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver

Fund enhancements to District’s web-based clinical case management system to streamline eligibility processing, simplify beneficiary appeals processing, and improve functionality and system interfacing in anticipation of MLTSS expansion. Implement novel and technologically advanced tools for conducting ongoing quality improvement and performance review activities.

**January 2023 Update:**

The District is finalizing procurement materials to facilitate implementation of this initiative. The District expects implementation of this initiative in the latter half of fiscal year 2023.

- **Customer Satisfaction Survey**

Project Costs: \$2M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; D-SNP; PACE

Contract with a CAHPS vendor with goal of increasing beneficiary response rates, adding anonymity to the consumer survey methodology, utilizing the entire CAHPS tool, and increasing areas of possible intervention.

**January 2023 Update:**

The District expects implementation of this initiative in fiscal year 2023.

- **Increased HCBS Services Oversight and Quality Review Initiative**

Projected Costs: \$1.5M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Under this initiative the District will utilize APRA funding to hire additional FTE that will provide increased oversight and reviews associated with determining the quality of services provided. The FTE auditors will conduct utilization reviews of HSBC services to effectively encourage provider compliance, accountability, awareness and responsibility; and to ensure the quality, medical necessity in delivery of services. Auditor utilization review responsibilities could include audits to verify the accuracy of allegations of poor quality of services, improper billing, or improper delivery of services.

The District hopes to achieve increased quality and efficiency in HCBS through implementation of this initiative. The District may maintain the additional auditors beyond March 31, 2024 using available local funding.

**January 2023 Update:**

The District is continuing the hiring process for these additional auditors and expects positions to be filled in fiscal year 2023.

- **ARPA Section 9817 Plan Implementation, Administration, and Oversight**

Projected Costs: \$2.5M

Program Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

The District will utilize ARPA finds to hire staff that will support implementation and project management of approved ARPA initiatives, assist with required federal reporting, and provide oversight and monitoring of ARPA Section 9817 funds.



Funds will be used to hire temporary staff through the conclusion of the ARPA performance period on March 31, 2024. The District is proposing to utilize ARPA funds to hire:

- Digital Health Program Analyst – Focused on implementation and oversight of the HCBS Telehealth Project and Remote Patient Monitoring initiatives.
- Grant Management Specialist – Focused on ARPA grant support, assistance across District agencies for implementation of the EHR Incentive Program.
- Policy Analyst – Focused on development of ARPA related amendments to the Medicaid State Plan and HCBS Waivers.
- Assessment Program Coordinator – Focused on implementation of the InterRAI Expansion and Clinical Case Management System Enhancements. Responsible for supporting qualitative/quantitative research and data analytics related to policy, developing or leading new projects that expand meaningful use of various LTSS Assessment tools to improve access and enhance quality of health care services.
- Quality Strategy Coordinator – Focused on implementation of the Quality Management Contractor initiative. Role will also support development of DHCF’s overall LTSS Quality Improvement Strategy.
- Provider Education Program Coordinator – Focused on implementation of the HCBS Health Literacy Program. The position will be responsible for coordinating and collaborating across/between existing provider education and training workstreams, as well as implementation/management of a single, integrated provider education strategy; and
- Data and Reporting Strategy Coordinator – Focused on implementation of the Customer Satisfaction Survey and Quality Management Contractor initiative. Position is responsible for developing activities that increase accessibility and usability of LTSS program data and enhance quality management capacity at DHCF
- Financial Management Analyst – Focused on overall financial monitoring and reporting for implementation of the ARPA 9817 spending plan.

**January 2023 Update:**

The District is continuing the hiring process for these additional staff and expects positions to be filled in fiscal year 2023.

- **HCBS Advanced Payment Models that Address Health-Related Social Needs**  
Projected Costs: \$350,000  
Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS  
The HCBS Social Needs Strategic Plan will identify the best options for equitable, high quality and value-based care that addresses social needs in the District.

The District proposes to develop a comprehensive whole person care planning document to evaluate programmatic and funding options for comprehensive care

models which also address health-related social needs for HCBS beneficiaries. The proposed plan will provide a scalable, system-wide framework focused on integration of primary and behavioral health care that includes approaches to address at housing and nutrition needs of HCBS beneficiaries across the Medicaid program. The plan will provide a comprehensive review of population and service needs of HCBS beneficiaries that builds on previous system and needs assessments. The final report will identify advanced care models that promote health equity, address specific operational considerations for payment models, and evaluation and monitoring strategies aligned with value-based payment and the MCO quality strategy.

Development of the strategic plan will be a one-time initiative that should be completed by March 31, 2024

**January 2023 Update:**

In July 2022, the District asked for permission from CMS to modify the previously approved ARPA Social Needs Strategic Plan initiative and CMS approved that proposal on November 21, 2022.

- **ASARS Provider Capacity Building**

Projected Costs: \$4.8M

Programs Impacted: ASARS

To address to the challenges caused by the ongoing opioid epidemic and ensure a full continuum of substance use disorder (SUD) care for residents, the District will utilize ARPA funding to provide grants to targeted community behavioral health providers with the goal of expanding/sustaining capacity for high-need SUD services delivered under the State Plan. The District's Adult Substance Abuse and Rehabilitative Services (ASARS) providers are a critical part of the District's SUD treatment system. This initiative will help ensure ASARS providers can continue to meet demand and expand/sustain access to services for residents who are on their path to recovery.

The District envisions that funds approved under this initiative may be used by community behavioral health providers to address workforce/operational challenges, as capital investments, provide increased education/training to staff, or otherwise fund activities that will have the effect of increasing/sustaining access to SUD services. The District does not intend to claim FFP for this initiative. This is a time-limited initiative that the District does not intend to implement beyond March 31, 2024.

This initiative will target providers who deliver HCBS as defined in Appendix B of SMD #21-003 (Rehabilitative Services). The District's Adult Substance Abuse Rehabilitative Services benefit is approved in the District of Columbia State Plan at Supplement 6 to Attachment 3.1A and Supplement 3 to Attachment 3.1B. These services are authorized under 1905(a)(13) of the Act and delivered in accordance with requirements set forth at 42 CFR § 440.130(d).

**January 2023 Update:**

In August of 2022, the District issued a NOFA for ASARS providers who offer multiple substance use disorders treatment levels of care to submit applications to implement actions to expand service capacity. The District awarded four grants to ASARS providers who addressed workforce/operational challenges, provided increased education/training to staff (ASAM criteria), and certain other activities that would increase or sustain access to SUD services (increased hours, marketing campaign, additional staff).

The actions were implemented by December 31, 2022. As a method to measure the enhanced capacity, the District has developed a client tracking tool that is being used by the providers to track how each client moves through the ASARS system of care (by discharge to other providers and by level of care). The tracking tool has been tested and the first monthly data set is due to be submitted to the District on January 10. The data will be received and reviewed monthly to identify what actions may have expanded capacity.

- **Medicaid Medical Director Staff**

Projected Costs: \$600,000

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health

Utilize ARPA funds to expand the Office of the Medical Director at the Department of Health Care Finance. Additional staff will report to the agency’s Medical Director and will focus on implementing the agency’s triple aim for Medicaid beneficiaries receiving HCBS. Through this initiative, staff will prioritize and promote the ability of beneficiaries to remain in the community and avoid institutionalization to the extent possible.

**January 2023 Update:**

DHCF is in the final stages of execution of a staffing contract and expects this position will be filled within the next 90 days.

- **DD Expansion**

Projected Costs: \$1.5M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Based on legislation passed by the DC Council in March 2022, the Department on Disability Services, Developmental Disabilities Administration (DDA), will be expanding eligibility for its IDD and IFS Waivers from providing services exclusively to people with intellectual disabilities, to include services for all people with developmental disabilities. This will increase the number of people in each waiver and will have a significant impact on the administration’s eligibility unit. To manage the expected initial significant increase in new referrals, the DDA is proposing to use ARPA funding to expand its eligibility unit. The eligibility unit will add one

supervisor, one community liaison specialist and two intake services coordinators, as well as one additional contract psychologist.

In addition, training will be needed to support this change and provide our network of providers training on best practices in supporting those with DD, newly eligible. DDA is proposing to use ARPA funds to provide this needed training.

Training from subject matter experts will define meaningful achievements and the specific needs of people with newly eligible conditions, particularly people with autism spectrum disorder (ASD) who do not have co-occurring intellectual disabilities. With technical assistance, providers will develop supports that people with ASD need in order to achieve measurable gains in functional skills such as social skills, life skills, and specific work skills. Training will enhance provider capacity to support community access for people with ASD through leisure and employment. Consistent with the District's Employment First goals, the eligibility expansion will require consultation with subject matter experts on how to develop knowledge, skills, and experiences that contribute to people with ASD and other developmental disabilities becoming employed through the following waiver- supported opportunities.

The District intends to claim administrative matching funds to support implementation of this initiative. This initiative will be sustained beyond March 31, 2024, using available local funding.

**January 2023 Update:**

This initiative was included in the District's 1915(c) IDD Renewal and 1915(c) IFS amendment; both were approved by CMS effective October 1, 2022. Implementation of this initiative is ongoing.

**Beneficiary Education, Support, and Transitions of Care**

- **Case Management Support**

Projected Costs: \$2.5M

Programs Impacted: 1915(c) EPD Waiver; PACE; D-SNP

Fund additional case management services and supports to assist in the facilitated transition of Dual Eligible participants from 1915(c) EPD Waiver to enrollment in a Duals Special Needs Plan (D-SNP) or otherwise support the transition of individuals into MLTSS options coming online in the District.

**January 2023 Update:**

The District has provided guidance to case management providers on implementation of this initiative and support activities are ongoing.

- **DDS Housing Coordinator**

Projected Costs: \$115,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Employment of a full time equivalent (FTE) that will maximize housing opportunities for people transitioning out of institutional and related settings into the community. This FTE will also be responsible for assisting people who are supported by Medicaid funds and living in the community to identify options for remaining in the community.

**January 2023 Update:**

The District is updating the projected costs of this initiative to account for the Housing Coordinator's salary for fiscal year 2022 through fiscal year 2024. The new projected cost is \$335,142.

- **HCBS Health Literacy Program**

Projected Costs: \$800,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver

Establishment of an educational program to increase beneficiary and provider capacity to improve health outcomes, customer satisfaction, increase the likelihood of beneficiaries remaining in the community, and train providers on person-centered thinking.

**January 2023 Update:**

The District is currently focused on program design for the HCBS Health Literacy Program initiative. The intent is to bring the education program online and make it available to providers and the public within the current calendar year.

- **DDS COVID-19 Impact Study**

Projected Costs: \$100,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Use ARPA funding to conduct a comprehensive research study into the short- and long-term effects COVID has had on people supported by DDS.

**January 2023 Update:**

The District secured a vendor to complete the DDS COVID-19 Impact Study. The vendor collaborated with the District to develop the survey. As of December 31, 2022, 210 people were surveyed.

- **LTSS Referral Management System**

Projected Costs: \$55,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver

Fund implementation of a processing system to streamline and enable better management of HCBS individuals transitioning to and from institutional settings.

**January 2023 Update:**

RFI was posted and feedback received about needs for the system. Basic specification requirements have been outlined and are being reviewed.

- **Preadmission Screening and Resident Review**

Projected Costs: \$650,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Use ARPA funding to implement an electronic PASRR system and database to categorize, file, and process all requests, reviews, and outcomes to allow smoother transition between levels of care, ensure that individuals are in the least restrictive environment that is most appropriate for their clinical diagnosis and needs, and facilitate more comprehensive oversight as recommended to the District by CMS.

The District will sustain PASRR infrastructure beyond March 31, 2024 using local funds and federal dollars available to states for PASRR related activities.

**January 2023 Update:**

The Electronic PASRR system was built in house and has been live since November 1, 2022. To date, 3,200 submissions have been received via the new system including all payor sources as required by CMS. Our Assessment Contractor is now processing all submission and conducting all level II reviews. The District has implemented a communication completion loop that ensures all facilities and required sister agencies (DBH and DDS) receive copies of completed reviews in real time. Implementation of this initiative will continue through upcoming fiscal years.

**New Initiatives - January 2023**

- **Case Management Incentive Bonus Payment**

Projected Costs: TBD

Programs Impacted: 1915(c) EPD Waiver

In anticipation of the restart of Medicaid redeterminations at the end of March 2023 and in-person care coordination and case management activities, the District is proposing a bonus payment for enrolled Case Management Agencies serving individuals enrolled in the District's 1915(c) EPD Waiver on a fee-for-service basis. The payment will fund direct bonuses to case managers who are able to demonstrate attainment of established goals or performance of specific activities that increase quality of care for enrolled beneficiaries or improve retention of benefits.

This initiative will be time-limited, so the District does not expect continued implementation beyond the ARPA period. The District will seek federal participation through corresponding amendments to the 1915(c) EPD Waiver, as

needed.

- **Skilled and Private Duty Nursing Bonus Payment**

Projected Costs: TBD

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health

To maintain the pool of qualified nursing staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, this initiative will fund worker bonuses through disbursements to HCBS providers for payments to direct care nursing staff in the Medicaid HCBS delivery system.

This initiative will be time-limited, so the District does not expect continued implementation beyond the ARPA period. The District will seek federal participation through corresponding amendments to the State Plan and approved 1915(c) Waivers, as needed.

- **Temporary Assistance for Eligibility Redeterminations and Benefit Counseling Call Center**

Projected Costs: \$ 3M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; D-SNP; PACE

Due the expected increase in volume of eligibility redeterminations after the phaseout of the continuous eligibility provision in March 2023, this project will fund additional staffing resources (approximately 10-14 term employees) to support the timely processing and completion of renewals, changes, and new applications for thousands of beneficiaries enrolled in Medicaid through HCBS eligibility pathways.

This initiative will also fund additional staffing resources (approximately 2 staff) for District call centers that provides benefit and options counseling for individuals who are navigating enrollment in Medicaid LTSS, D-SNP, and PACE.

These staff will be bought on to assist through the unwinding period. The District plans to claim administrative funds for this initiative, as permissible.

### **Assurances**

The District provides the following assurances with regard to implementation of its Section 9817 of the ARPA Narrative and Spending Plan:

- The District is using the federal funds attributable to the increased FMAP to supplement and not supplant existing local funds expended for Medicaid HCBS in effect as of April 1, 2021.

- The District is using local funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.
- The District is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.
- The District is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021.
- The District is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.



