

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**

July 2023

TABLE OF CONTENTS

	Page
Quarterly Spending Plan Narrative Update	3
- Provider Reimbursement and Workforce Recruitment, Retention, and Development Initiative Update	4
- Expanding Services and Increasing Access to Services Initiative Update	9
- Quality Oversight, Infrastructure, and Provider Capacity Building Initiative Update	12
- Beneficiary Education, Support, and Supporting Transitions of Care Initiative Update	21
- Newly Proposed Initiatives	23
Assurances	24

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 in May 2022 and received approval in November 2022. The District submitted its January 2023 updated Spending Plan and Narrative in January 2023 and received approval in March 2023. The District submitted its April 2023 updated Spending Plan and Narrative in August 2023 and received approval on August 18, 2023.

In fiscal year 2023, the District shifted spending on some approved ARPA HCBS initiatives to prioritize local revenues as matching funds to supplement various projects and preserve availability of ARPA 9817 funding for fiscal year 2025. This shift impacts total projected costs of some approved projects. Updates to these projected costs are included in this report and will be finalized in the January 2024 ARPA Spending Plan and Narrative update.

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.

For this quarter, narrative updates include existing projects, newly proposed ARPA

initiatives and updates on projected spending for a number of previously approved projects.

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.

July 2023 Update:

This initiative is fully implemented.

- **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.

July 2023 Update:

The District has completed the first round of grant awards and are reviewing expenditure reports. The District will also issue a second round to provide opportunity for eligible providers to apply for the grant if they missed the first opportunity.

- **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.

July 2023 Update:

The District has completed the first round of grant awards and are reviewing expenditure reports. The District will also issue a second round to provide opportunity for eligible providers to apply for the grant if they missed the first opportunity.

- **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.

July 2023 Update:

The District is reviewing policy options for implementation of this benefit.

- **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.

- **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.

July 2023 Update:

The District has completed the first round of grant awards and are reviewing expenditure reports. The District will also issue a second round to provide opportunity for eligible providers to apply for the grant if they missed the first opportunity.

- **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.

July 2023 Update:

Cohort 3 of the Positive Behavior Support Training is complete sessions were held on July 6, 13, 20, and 27.

- **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.

July 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.

July 2023 Update:

A Request for Proposals for this contract was published. Proposals are under review.

- **Home Health Rate Study**

Projected Costs: \$750,000

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.

July 2023 Update:

The District is developing a procurement to effectuate the Home Health rate study.

- **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 tequal 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.

July 2023 Update:

The District has fully implemented this initiative.

- **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.

July 2023 Update:

Implementation of this initiative is ongoing. DHCF has released provider guidance and began making supplemental payments to qualifying providers.

- **Case Management Incentive Bonus Payment**

Projected Costs: \$1M

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.

July 2023 Update:

Outreach to fee-for-service case management agencies was initiated during summer 2023. The first reporting and payment under this initiative is expected in October 2023.

- **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.

July 2023 Update:

Program development is ongoing.

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.

- **DDS Telehealth Initiative**

Projected Costs: \$2.13M

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.

July 2023 Update:

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.

July 2023 Update:

Multiple staff have been hired and onboarded to the high-risk triage team, including a licensed physical therapist and a licensed social worker. The process for referral and review will be live for public stakeholders in September 2023. Collaborations with the agency's Medicaid Data Warehouse have also generated data-driven identification of high-risk HCBS users for review and additional clinical support to care teams. A process for review and approval of new DME benefits has been developed and will be implemented in fall 2023. Additional stakeholder educational materials have been developed and published.

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

Projected Costs: \$1.51M

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.

July 2023 Update:

The My Life, My Way program has been implemented.

- **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).

July 2023 Update:

The grantee, McFarland & Associates has made significant progress during the pilot period with a current enrollment of 162 enrollees with a distribution by disease state of 120 participants with hypertension, 12 with diabetes, and 30 with COPD. They have worked with key provider sites in order to establish best practices for the storing, transmission, and access of RPM data through provider systems. They are currently

completing both qualitative and quantitative analyses to understand the impact of the pilot program on enrollees. Further, this analysis will help to inform their recommendations on Medicaid implementation.

- **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.

- **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.

July 2023 Update:

Data collection for the ALF study was completed in June 2023. The report is expected to be drafted and finalized in fall 2023.

- **Expansion and Transformation Behavioral Health Rehabilitation Services**

Projected Costs: \$6.6M

Programs Impacted: ASURS, MHRS, 1915(i) Supported Employment

The District is continuing its efforts to expand and transform behavioral health services provided under the Medicaid State Plan. Effective fiscal year 2024, the District is proposing enhancements to behavioral health rehabilitation services in advance of carving those services into the DC Healthy Families managed care program. The proposed changes will result in an increased service array available to beneficiaries and will increase overall reimbursement for behavioral health rehabilitation providers. The District will use ARPA 9817 funding to fund the increased costs related to these proposed changes.

This initiative will target providers who deliver HCBS as defined in Appendix B of SMD #21-003 (Rehabilitative Services) or other HCBS authority identified in SMD #21-003. The District's 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). For example, The District will utilize ARPA funds under this initiative to expand the care continuum to include additional community-based services like:

- Peer Support;
- Intensive Care Coordination;
- Dialectical Behavioral Therapy; and
- Supported Employment for SUD Diagnosis

The District will use available local funds to continue implementation of these changes beyond the ARPA period. The District will seek federal participation through corresponding amendments to the Medicaid State Plan, as needed.

July 2023 Update:

The District received submitted DC SPA #23-007 (ICC and ACT reimbursement) on July 10, 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.

July 2023 Update:

The District has decided to modify the classification of this program to clearly delineate: 1) funds that are being distributed directly to providers in the form of *incentives* for participation in the HCBS Promoting Interoperability/EHR Incentive Program (\$6,382,000.00 total) and 2) funds that are being paid for in the form of a *grant* for deliverance of technical assistance to those participating in the HCBS Promoting Interoperability/EHR Incentive Program **and/or** HCBS Telehealth program (\$4,180,000.00 total).

As such, please see the change below:

HCBS Promoting Interoperability Program/Electronic Health Records (EHR) Program via Incentives

Projected Costs: \$6,382,000.00

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.

August 2023 update: To date, the District has distributed 209 payments totaling \$1,088,000 to HCBS providers participating in the HCBS Promoting Interoperability Program/EHR Incentive program. This total spans across all cohorts of HCBS providers including MHRS, ASARS, HSS, LTSS and DDS providers alike.

- **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.

July 2023 Update:

The District has decided to modify the classification of this program to clearly delineate: 1) funds that are being distributed directly to providers in the form of *incentives* for participation in the HCBS Promoting Interoperability/EHR Incentive Program (\$6,382,000.00 total) and 2) funds that are being paid for in the form of a *grant* for deliverance of technical assistance to those participating in the HCBS Promoting Interoperability/EHR Incentive Program **and/or** HCBS Telehealth program (\$4,180,000.00 total).

As such, please see the change below:

Digital Health Technical Assistance (TA) Program via Grant

Projected Costs: \$4,180,000.00

The DC Department of Health Care Finance (DHCF) has engaged a grantee to deliver customized and tailored technical assistance (TA) to support the advancement of digital health capabilities for HCBS providers. This grant is called the Digital Health Technical Assistance Program and offers tailored TA to promote the adoption and use of Certified Health IT systems, health information exchange (HIE), and telehealth.

The grantee has been tasked with designing and executing the following TA programs to support the aim for this HCBS Digital Health TA grant:

1) HCBS Promoting Interoperability Program/Electronic Health Records (EHR) Incentive Program:

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.

July 2023 Update: The District has outreached to roughly 180 unique HCBS provider organizations across the cohorts of eligible providers inclusive of MHRS, ASARS, HSS, LTSS and DDS providers alike. Upon completing outreach, the technical assistance leads organize a kick-off meeting per practice, of which 102 kick-offs have been completed to date. From there, HCBS provider organizations begin their participation in the program by meeting the District mandated milestones, which are each associated with an incentive payment. Targeted outreach coupled with a tailored technical assistance program is critical to ensure HCBS providers are well educated on how to meet their intended goals as it relates to EHR implementation and HIE connectivity.

2) HCBS Telehealth Program:

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 remote patient monitoring pilot.

July 2023 Update: The District has continued engage practices via the effort conducted by the Digital Health TA grantee to encourage program enrollment and HIE onboarding; continued activities to re-engage organizations on telehealth needs and prioritization; distribution of telehealth education and guidance to gain more insight on telehealth platform utilization and how workflows can be optimized accordingly.

- **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.

July 2023 Update:

The District has joined an interRAI learning collaborative sponsored and coordinated by its national association, ADvancing States. District staff have now participated in cross-state and District-specific kick-off calls and onboarded an assessment expansion coordinator (contract staff member).

- **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.

July 2023 Update:

The District purchased equipment to handle the updated data processing system and migrated DDS's HCBS system to a cloud-based server and improved the system's infrastructure.

- **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.

July 2023 Update:

A Request for Proposals for this contract was published. Proposals are currently

under review.

- **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.

July 2023 Update:

DDS Service Coordination & Planning Division and Quality Resource Specialists enrolled to complete the SHIFT Online program. This program is designed to educate and train staff in the best practices of tech-first approaches, ensuring they are well-versed in the transformative potential of technology in supporting people with disabilities.

- **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.

July 2023 Update:

A Request for Proposals for this contract was published in summer 2023. Proposals are currently under review. DHCF also onboarded a quality strategy coordinator (contract staff member).

- **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.

July 2023 Update:

The District pursued and obtained approval to proceed with its new CCMS

procurement vehicle, which we expect to publish as a Request for Proposals in fall 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.

- **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.

July 2023 Update:

DHCF has filled all four FTE audit positions at this time. Three of the four hires have already begun, with the final hire scheduled to begin in September 2023. The auditors will be focused on behavioral health and developmental disability service providers.

- **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 funds 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.

July 2023 Update:

The Assessment Expansion Coordinator and Quality Strategy Coordinator positions have been filled. The Data and Reporting Strategy Coordinator was filled but has since been vacated and the District is actively interviewing to fill it again. The Provider Education Position has been filled but staff onboard in mid-September.

- **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.

July 2023 Update:

Development of the strategic plan is ongoing.

- **ASARS Provider Capacity Building**

Projected Costs: \$4.8M

Programs Impacted: ASARS

To address 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).

July 2023 Update:

The awards have been given to the DBH contracted ASURS ASAM Level 3 residential

providers. The providers are tracking all admissions (if from another provider) and the disposition of all discharges so that the capacity of the District's SUD system can be gauged from the entry point of residential treatment and to treatment following discharge. Providers present the tracking information to DC DBH on a monthly basis so that the agency can gain insight into the network capacity of the ASURS program. The analysis will show potential gaps in the continuity of the SUD care continuum and allow for resource to be dedicated to filling the gaps in 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.

July 2023 Update:

DHCF's associate medical director was onboarded in April 2023.

- **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.

July 2023 Update:

The positions to expand the eligibility unit have been filled. The District established a contract with a psychologist to complete assessments.

- **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.

July 2023 Update:

The District is developing a procurement to bring on additional staffing.

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.

July 2023 Update:

No services under this initiative have been authorized or paid to date in 2023.

- **DDS Housing Coordinator**

Projected Costs: \$335,142

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.

July 2023 Update:

The District hired a Housing Coordinator to maximize housing opportunities for people transitioning out of institutional and related settings into the community.

- **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.

- **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.

July 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. The vendor completed 746 surveys and submitted the final report on July 6, 2023.

- **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.

- **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.

July 2023 Update:

The electronic system has been implemented and is in use.

New Initiatives - July 2023

- **Assisted Living Facility Rate Increase**

Projected Costs: TBD

Programs Impacted: 1915(c) EPD Waiver

DHCF made changes to the administration of the EPD Waiver program in response to the COVID-19 federal public health emergency utilizing Section §1915(c) Waiver Appendix K authority. The changes included service expansions for waiver participants and reimbursement increases for HCBS providers. While many of those flexibilities will end on November 11, 2023, effective November 12, 2023, DHCF is proposing to use ARPA 9817 funding to make the temporary fifteen percent (15%) increase to Assisted Living Facility (ALF) provider reimbursement rates permanent. DHCF intends to keep the increased ALF rates in place until a more comprehensive reimbursement methodology update is established at a future date.

The District will sustain increased ALF rates beyond March 31, 2025 using local funds and available federal dollars. The District intends to claim FFP for this initiative and will seek corresponding policy approvals from CMS to support implementation of this initiative.

- **State Level Repository (SLR)**

Projected Costs: \$163,000

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

1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

The expiration of HITECH funding (to end on 9/30/23) and the end of operations for the District's Promoting Interoperability program (PI) has allowed DC the opportunity to leverage system *reuse* of our State Level Repository (SLR) application and SLR vendor, HealthTech Solutions, to support our new ARPA HCBS Promoting Interoperability program.

The primary function of the SLR is to receive and process all HCBS PI Program payment applications to Medicaid providers in accordance with the District's ARPA Section 9817 Initial Narrative and Spending Plan. The current contract with HealthTech Solutions provides an interface between CMS and the DC MMIS, processes incentive payments in a secure and automated manner, maintains provider records and allows for communication with program administrators and participants.

The continuation of this program requires ongoing system hosting and support. A new exempt from competition contract is slated to be awarded to the incumbent, HealthTech Solutions, to support the ARPA funded HCBS PI program beginning on 10/1/23. As such, an additional \$163,000 will be required to support the ongoing SLR system hosting and support through March 30, 2024.

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.

