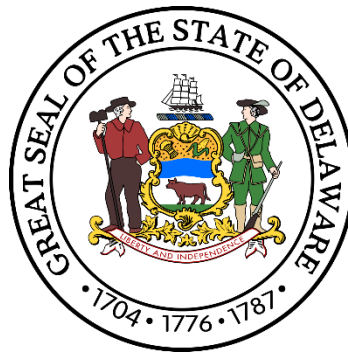




# Section 9817 Home and Community-Based Services Federal Match Increase Spending Plan – FY 2024 Q1 Update

State of Delaware



Theodore G. Mermigos, Jr., Acting Director  
Division of Medicaid and Medical Assistance (DMMA)

**July 31, 2023**

Resubmitted October 23, 2023

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# Letter from the Delaware State Medicaid Director

Daniel Tsai, Deputy Administrator and Director  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850

Dear Deputy Administrator Tsai:

On behalf of the State of Delaware, thank you for the approval issued for the Quarterly Home and Community-Based Services (HCBS) Spending Plan issued on August 18, 2023. Please find the next Quarterly HCBS Spending Plan that outlines the intended use of funding available under the American Rescue Plan Act of 2021 (ARPA), Section 9817. Updates from the Quarter 1 Federal Fiscal Year 2024 (Q1 FFY 2024) Quarterly Spending Plan include six newly proposed activities, a change in budget for nine of the previously approved activities, and the status of the previously approved initiatives. Four initiatives have been completed.

Delaware makes the following assurances:

- The State is using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing State funds expended for Medicaid HCBS in effect as of April 1, 2021.
- The State is using the state 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 State is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services that were in place on April 1, 2021.
- The State 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 State is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Once approved, I will ensure Quarterly Spending Plans continue to be provided along with any associated reporting. Please contact me with any additional questions.

Sincerely,

Theodore G. Mermigos Jr.  
Acting State Medicaid Director

## Executive Summary

In response to the impact the pandemic continues to have on long-term services and supports (LTSS) and to the funding opportunity available through the ARPA funding opportunity, the Division of Medicaid and Medical Assistance (DMMA) has prepared this Quarterly Spending Plan submission to the Centers for Medicare & Medicaid Services (CMS). We share CMS' vision for this funding as a means to tailor HCBS enhancements based on the needs and priorities of Delaware residents, to protect and strengthen the HCBS workforce, to safeguard financial stability for HCBS providers, and to accelerate LTSS reform and innovation.

The Delaware Department of Health and Social Services (DHSS) is the Medicaid single state agency. Within DHSS, Medicaid HCBS programs are administered through the DMMA, the Division of Developmental Disabilities Services (DDDS), the Division of Substance Abuse and Mental Health (DSAMH), and the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). Delaware's HCBS programs include:

- **Diamond State Health Plan (DSHP) Plus 1115 Waiver Program** is a component of Delaware's comprehensive Medicaid DSHP 1115 Waiver. DSHP Plus is Delaware's Medicaid managed long-term services and supports (MLTSS) program for: (1) individuals receiving care at nursing facilities (NFs) other than intermediate care facilities for individuals with intellectual disabilities (ICF/IID); (2) children in pediatric NFs; (3) individuals who receive benefits from both Medicaid and Medicare (dual eligibles); (4) workers with disabilities who buy-in for coverage; (5) individuals who would previously have been enrolled through the 1915(c) HCBS waiver program for the Elderly and Disabled (including those receiving services under the Money Follows the Person demonstration); (6) individuals who would previously have been enrolled through the 1915(c) HCBS waiver for Individuals with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) related diseases; (7) individuals residing in NFs who no longer meet the current medical necessity criteria for NF services; and (8) adults and children with incomes below 250% of the Supplemental Security Income Federal Benefit Rate who are at risk for institutionalization. DSHP Plus is administered by DMMA through Medicaid managed care organizations (MCOs).
- **Lifespan 1915(c) Waiver Program** is for individuals ages 12 and over with intellectual or developmental disabilities (IDD). The Lifespan Waiver is administered by DDDS through a fee-for-service (FFS) delivery system.
- **Pathways to Employment 1915(i) State Plan Program** offers services to support competitive integrated employment for people with IDD. The Pathways Program is administered by DDDS and DSAAPD through an FFS delivery system.
- **Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) 1115 Waiver Program** is a component of Delaware's comprehensive DSHP 1115 Waiver and provides 1915(i)-like services. PROMISE enrollees include Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD) and require HCBS to live and work in integrated settings. The PROMISE Program is administered by DSAMH through an FFS delivery system.
- **Program for All-inclusive Care for the Elderly (PACE)**, the State contracts with one PACE provider who operates two PACE sites.

- **State Plan HCBS for children and adults** including targeted case management, home health, private duty nursing (PDN) services, and rehabilitation services (including rehabilitative services for children covered under Delaware’s early and periodic screening, diagnosis, and treatment section of the State Plan). These services are provided through both managed care (DSHP MCOs) and FFS delivery systems.

Delaware has reaffirmed its commitment to HCBS with the inclusion of several items within the state fiscal year (SFY) 2022 budget, including:

- An increase in PDN service provider rates by approximately 15%, effective July 1, 2021.
- An increase in DDDS Direct Support Professionals (DSP) provider rates, effective July 1, 2021.

These amounts will become part of the Medicaid and DDDS base expenditures in future spending. Additionally, Delaware is preparing for an expansion of our PACE program, adding a new PACE provider and site with expected operation up and running by March 1, 2022. None of these three initiatives (PDN rate increase, DDDS DSP rate increase, or PACE expansion) will be added as an activity to the Spending Plan.

DHSS continues to work with stakeholders to propose activities to expand, enhance, or strengthen HCBS for all populations, recognizing the impact that the pandemic has had on the HCBS delivery system. DMMA and our partner Divisions within DHSS are seeking initiatives that will:

- Lead to long-term, sustainable changes that address gaps and barriers in Medicaid HCBS in Delaware.
- Support HCBS workforce development across Medicaid programs.
- Support person-centeredness and maximize individuals’ opportunities for choice, independence, and community integration.
- Focus on improved health outcomes for members and a reduction in health disparities.
- Plan for well-trained and culturally competent providers.
- Recognize that families and other informal supports are an essential component of the HCBS delivery system in Delaware.
- Support innovation and partnerships.

# Stakeholder Input

## **Quarterly Update for Q1 FFY 2024**

Since the submission of the Quarterly Update of the Spending Plan in May 2023, DMMA has updated information and announcements on its website to keep stakeholders informed on progress made with CMS approval and the implementation of proposed activities. DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD, and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan. Additionally, DMMA has initiated contact with the Department of Services for Children, Youth, and Families (DSCYF) to introduce the HCBS Spending Plan and collect any initial ideas for activities to be included in future updates. DSCYF is the division responsible for provision of mental health (MH) and SUD treatment services for children covered by Medicaid until age 18 years; activities proposed will be targeted at the same Medicaid population.

## **Quarterly Update for Q4 FFY 2023**

Since the submission of the Quarterly Update of the Spending Plan in January 2023, DMMA has updated information and announcements on its website to keep stakeholders informed on progress made with CMS approval and the implementation of proposed activities. DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD, and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan. Additionally, DMMA reached out to DSCYF to begin discussions on any initiatives that may be proposed in future updates.

## **Quarterly Update for Q3 FFY 2023**

Since the submission of the Quarterly Update of the Spending Plan in October 2022, DMMA has updated information and announcements on its website to keep stakeholders informed on progress made with CMS approval and the implementation of proposed activities. DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD, and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan.

## **Quarterly Update for Q2 FFY 2023**

Since the submission of the Quarterly Update of the Spending Plan in July 2022, DMMA has made efforts to update information and announcements on its website to keep stakeholders informed on progress made with CMS approval and implementation of proposed activities. DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD, and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan.

Additional public stakeholder sessions are to be scheduled in the future, following additional implementation activities.

## **Quarterly Update for Q1 FFY 2023**

Since the submission of the Quarterly Update of the Spending Plan in April 2022, there have been no additional public stakeholder sessions. However, DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan.

Additional public stakeholder sessions are to be scheduled in the future, following CMS approval of the newly proposed activities, as DMMA prepares for activity implementation.

### **Quarterly Update for April 2022**

Since the submission of the Quarterly Update of the Spending Plan in February 2022, DMMA has held two additional stakeholder sessions on March 31, 2022, and April 5, 2022. These two stakeholder sessions were focused specifically on proposals and initiatives related to behavioral health (BH) and SUD services. Stakeholders provided the following feedback:

- Generally supported the activities newly proposed as part of this quarterly update, including the rate increases for providers of SUD services.
- Offered suggestions about including proposals to use the funding available through the enhanced FMAP to expand Assertive Community Treatment (ACT) teams and Certified Community Behavioral Health Clinic (CCBHC) services available. DMMA and DSAMH continue to review proposals for potential inclusion in future updates to the Spending Plan.

Additionally, as a result of extensive feedback across multiple venues, DMMA will pursue 1115 authority to include a self-directed option for State Plan personal care or attendant care for children, including the ability to hire a legally responsible family member to provide services as a method for navigating a direct support professional shortage. While this activity will not be funded with enhanced FMAP dollars, DMMA notes it here as an outcome of the robust stakeholder engagement processes that have been occurring since the Initial HCBS Spending Plan was drafted.

DMMA continues to review proposed initiatives as they determine new activities that will be included in future updates of the HCBS Spending Plan.

### **Quarterly Update for January 2022**

Since the submission of the Quarterly Update of the Spending Plan in October 2021, DMMA has held one additional stakeholder session on January 11, 2022. The session was used to provide updates on the activities committed to in the Spending Plan and on CMS' response and partial approval. Stakeholders provided the following feedback:

- Stakeholders generally support the direction of the HCBS Spending Plan and appreciate the State's willingness and commitment to engaging in ongoing stakeholder sessions.
- Stakeholders are invested in the idea of an ongoing DSP rate study to support stability and quality in the workforce; many had questions about how this would be implemented.
- Stakeholders are eager for new benefits such as respite to support families caring for children with special needs and expressed concern in the delays with getting this benefit implemented.

### **Quarterly Update for October 2021**

Since the submission of the Initial Spending Plan in July 2021, DMMA has hosted three additional public input sessions on August 19, 2021, August 20, 2021, and August 25, 2021, to request and discuss ideas for enhancements to be funded by the increased FMAP dollars. DMMA also continues to receive additional feedback through a monitored email box, where interested stakeholders or State associations can send recommendations in writing.

From the feedback received, several themes emerged, and these themes have been incorporated into DMMA's Quarterly Update as priority activities to be funded by the enhanced FMAP dollars. These activities include support for recruitment and retention of the HCBS direct care workforce and additional support for family caregivers through an expansion of respite care.



DMMA continues to meet with partner Divisions to discuss priority activities that enhance, expand, and strengthen HCBS. Additionally, DMMA has regularly scheduled meetings with the Ability Network of Delaware, with the Spending Plan initiatives as a standing item on the agenda. Finally, DMMA has scheduled future meetings with other external stakeholders, such as the Delaware Association for Home and Community Care, to discuss how their priorities align with identified priorities and activities in the Spending Plan. DMMA continues to review all suggested activities and commit to those that meet the guiding principles outlined above.

### **Initial Spending Plan**

DMMA held two public input sessions on June 23, 2021, and June 25, 2021, to request and discuss ideas for enhancements to be funded by the increased FMAP dollars. State associations and other interested parties provided additional recommendations and suggestions in writing. The State has also created a monitored email account as a mechanism for receiving ongoing stakeholder input. Information regarding the Initial Spending Plan including summary information regarding stakeholder feedback received to date is posted on our [website](#). From July 2021 through September 2021, DMMA, along with our partner DHSS Divisions, intends to proactively reach out to stakeholder groups, as well as, hold additional public input sessions that will shape updates to the Initial Spending Plan. The Initial Spending Plan as submitted incorporates the feedback the State has received to date.

## State's Response to Request for Additional Information

### **Quarterly Update for Q1 FFY 2024**

DMMA received one additional question from CMS following the Quarterly Update for Q4 FFY 2023, specific to the Community Needs Assessment activity and concerns about the results informing the build and renovation of a chronic care hospital. The references to the chronic care hospital were removed and the response sent back to CMS on June 20, 2023. Any modifications made to the activity description have been carried forward to this update.

### **Quarterly Update for Q4 FFY 2023**

DMMA has not received any additional questions from CMS following the Quarterly Update for Q3 FFY 2023. Responses to questions posed on January 6, 2023, have been previously incorporated into the narrative.

### **Quarterly Update for Q3 FFY 2023**

DMMA attended a call with CMS on October 31, 2022. During this call, CMS requested that DMMA revise and resubmit the Q1 FFY 2023 HCBS Spending Plan to remove any vendor-identifying information, to clarify one acronym, and to confirm that one of the activities proposed was defined correctly and was targeted at participants residing in the community. CMS followed up this call with an email to confirm the deadline for resubmission. DMMA resubmitted with the information corrected as requested, on November 17, 2022.

Following this resubmission, DMMA received a partial approval on December 12, 2022, for Q1 FFY 2023. DMMA received additional questions via email from CMS on January 6, 2023; responses are currently being drafted for questions pertaining to Q2 FFY 2023. Responses were drafted and incorporated into the HCBS Spending Plan Narrative language, submitted to CMS on February 28, 2023.

Following a technical assistance call with CMS on April 13, 2023, DMMA made one additional requested edit for resubmission. These edits have been integrated into the Q3 FFY 2023 Quarterly Update to the HCBS Spending Plan, resubmitted on April 21, 2023. Additional edits were made as requested and resubmitted on May 1, 2023. Following additional CMS feedback and questions about the Pregnant and Parenting People with Opiate Use Disorder Planning Grants, the initiative was removed from the Spending Plan and will no longer be funded with ARPA HCBS enhanced FMAP funds.

### **Quarterly Update for Q2 FFY 2023**

On January 6, 2023, CMS asked for additional information regarding several of the recently proposed initiatives. This information was returned to CMS on February 28, 2023 and incorporated into the HCBS Spending Plan Narrative language as well.

Following a technical assistance call with CMS on April 13, 2023, DMMA has made one additional requested edit for resubmission. After additional feedback from CMS, one activity (the Pregnant and Parenting People Living with Opiate Use Disorder Planning Grants) has been removed.

### **Quarterly Update for Q1 FFY 2023**

On May 2, 2022, CMS asked for additional details and expenditures for the LTSS Strategic Planning Study, the Pediatric Respite Benefit, and the Development of Process for More Effectively Coordinating the Care for Children and Adults with Complex Needs and Multi-System Involvement activities

previously proposed. Additional details were included in the April 2022 submission, and more information has been included in this Quarterly Update as well.

### **Quarterly Update for April 2022**

To date, DMMA has not received any additional questions from CMS.

### **Quarterly Update for January 2022**

The State received the following question from CMS, with available responses provided:

- CMS question: The revised initial plan indicates that Delaware plans to use the State funds equivalent to the increase in FMAP to increase rates for PDN services. Please clarify in the State’s revised Spending Plan (submitted with the next quarterly report) that the rate increase would only be for PDN services provided in a beneficiary’s own home.
  - Delaware response: The State does not intend to fund the PDN rate increases with the State funds garnered from the increased FMAP. This rate increase has been funded with appropriations from the SFY 2022 budget, as per Section 184 of House Bill 250.<sup>1</sup> Any references to the rate increase for PDN is made as a demonstration of the State’s ongoing commitment to supporting HCBS.

### **Quarterly Update for October 2021**

The State received a number of questions from CMS as part of the Request for Additional Information issued on August 24, 2021. As noted in the State’s response on August 28, 2021, the Initial Spending Plan was completed with a list of examples of activities that the State had collected as part of the robust stakeholder engagement process. The Initial Spending Plan as submitted did not represent any activities that the State had fully committed to nor for which the State requested funding. Following additional discussion and planning meetings, the State presents several activities in this Quarterly Update that are priority areas for the State, are supported by the guiding principles, have stakeholder buy-in, and expand, enhance, or strengthen HCBS. As of this Quarterly Update, the State respectfully requests CMS to review the descriptions of these activities to determine approval of using the enhanced FMAP dollars to fund them.

The State agrees to notify CMS as soon as possible if:

- The State’s activities to expand, enhance, or strengthen HCBS under ARPA section 9817 are focused on services other than those listed in Appendix B or that could be listed in Appendix B. If this occurs, the State will clearly explain how the activities will expand, enhance, or strengthen HCBS under Medicaid.
- The State’s activities include room and board.
- The State’s activities include activities other than those listed in Appendices C and D of the State Medicaid Director Letter dated May 13, 2021.

The State also understands that CMS is not approving any payment for room and board under the proposed activity to “Partner with Delaware State Housing Authority and other housing agencies to

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<sup>1</sup> Delaware House of Representatives 151<sup>st</sup> General Assembly. *House Bill No. 250*. Signed by Governor John Carney on June 30, 2021. Bill text available here: <https://legis.delaware.gov/BillDetail?LegislationId=78941>.

provide rental assistance.” This item remains under consideration but has not yet been included as an activity to be funded through the Spending Plan.

## Spending Plan Projection

**Total Amount of Funds Attributable to the Increase in FMAP between April 1, 2021, and March 31, 2022:**

Delaware Medicaid HCBS Program	Estimated 4/1/2021–3/31/2022 Funding for HCBS (Total Computable)	FMAP Increase	Estimated FMAP Increase Funding
DSHP/DSHP Plus 1115 — Managed Care*	\$232,078,388	10%	\$23,207,839
Lifespan 1915(c) — FFS	\$200,000,000	10%	\$20,000,000
Pathways 1915(i) — FFS	\$2,100,000	10%	\$210,000
PROMISE 1115 — FFS	\$23,230,000	10%	\$2,323,000
PACE	\$17,100,000	10%	\$1,710,000
State Plan HCBS — FFS	\$11,675,360	10%	\$1,167,536
DDDS DSP Increase (effective July 1, 2021) — FFS**	\$35,773,711	10%	\$3,577,371
PDN Increase (effective July 1, 2021)**	\$5,428,453	10%	\$542,845
<b>TOTAL</b>	<b>\$527,385,911</b>	<b>10%</b>	<b>\$52,738,591</b>

\*The DSHP/DSHP Plus 1115 managed care estimates were developed by DMMA’s actuary using:

- The actual calendar year (CY) 2021 contracted rates and an estimate of the CY 2022 rates.
- Enrollment estimates based on the most recent projections from DMMA for monthly enrollment by MCO and rate cell.
- An “HCBS percentage of total capitation dollars” based on services identified according to the CMS Section 9817 guidance applied to the DSHP CY 2019 HCBS experience.

The non-benefit component of the capitation rates is included in the DSHP/DSHP Plus managed care estimates.

\*\*The SFY 2022 budget included a State appropriation for rate increases for DDDS DSPs and Medicaid PDN services. These amounts have not yet been allocated to specific programs or delivery systems.

As requested during the Technical Assistance Call with CMS on March 7, 2022, the State provides the following clarification: Delaware confirms that the estimate for the PDN increase in the above table reflects only those PDN services provided in the home or community. The Delaware Medicaid State Plan, Attachment 3.1-A, Page 3a Addendum, notes the following limitations for PDN, “Private duty nursing is available only for recipients who require more individual and continuous care than home health services as defined in 42 CFR 440.70. Private Duty Nursing Services (PDN) provided in a hospital or nursing home would not be paid. This care is already covered in the fee paid to those facilities. Only PDN services provided in non-institutional settings are covered.”

## **Anticipated Expenditures for Activities to Enhance, Expand, or Strengthen HCBS between April 1, 2021 and March 31, 2025**

### ***Quarterly Update for Q1 FFY 2024***

Delaware remains committed to reinvesting all of the \$53,000,000 in increased federal funding on activities that enhance, expand, or strengthen HCBS. Six new activities are proposed in this Quarterly Update, with the expenditures estimated in the table below. Additionally, nine activities have been modified to reflect that additional match will no longer be requested. The Activity Table has been updated accordingly.

### ***Quarterly Update for Q4 FFY 2023***

Delaware remains committed to reinvesting all of the \$53,000,000 in increased federal funding on activities that enhance, expand, or strengthen HCBS. Two new activities are proposed in this Quarterly Update, with the expenditures estimated in the table below.

### ***Quarterly Update for Q3 FFY 2023***

Delaware remains committed to reinvesting all of the \$53,000,000 in increased federal funding on activities that enhance, expand, or strengthen HCBS. While no new activities are proposed in this Quarterly Update, activity descriptions and expected expenditures have been updated.

### ***Quarterly Update for Q2 FFY 2023***

Delaware remains committed to reinvesting all of the \$53,000,000 in increased federal funding on activities that enhance, expand, or strengthen HCBS. Sixteen new activities are proposed in this Quarterly Update, with the expenditures estimated in the table below.

### ***Quarterly Update for Q1 FFY 2023***

Delaware remains committed to reinvesting all of the \$53,000,000 in increased federal funding on activities that enhance, expand, or strengthen HCBS. Four new activities are proposed in this Quarterly Update, with the expenditures estimated in the table below.

### ***Quarterly Update for April 2022***

Delaware has recently engaged in a process to re-estimate the enhanced FMAP to be claimed, given updated guidance from CMS about rehabilitative services and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits that can be included, an update to the managed care rates effective January 1, 2022, and actual expenditures. The State remains committed to reinvesting all of the \$53,000,000 in increased federal funding on activities that enhance, expand, or strengthen HCBS.

Again, DMMA notes that the proposed end date of this funding on March 31, 2024, occurs in the middle of a managed care rating period. DMMA continues to plan for a request to extend the end date through the end of CY 2024 to coincide with the end of the rating period. DMMA commits to completing an exemption request once the process becomes available.

### ***Quarterly Update for January 2022***

Delaware is committed to reinvesting all of the estimated \$53,000,000 in increased federal funding on activities that enhance, expand, or strengthen HCBS. DMMA notes that the proposed end date of this funding March 31, 2024, occurs in the middle of a managed care rating period. With a large part of HCBS

provided within a managed care delivery system in Delaware, DMMA advises CMS that an extension of that end date will be requested through the end of that CY to coincide with the end of the rating period. DMMA understands that an exemption request will need to be submitted and looks forward to receiving this guidance from CMS.

Activity	Division Owner	Status of Activity	Total Computable Costs	State Equivalent Funds Estimate	Additional Anticipated Match
New Activity in Q1 FFY 2024: DDDS Specialized Enhanced Residential Supports Pilot for Participants with Co-Occurring IDD and BH Challenges	DDDS	New Activity in Q1 FFY 2024	\$8,118,000	\$8,118,000	No additional match anticipated
New Activity in Q1 FFY 2024: Advanced Care Planning for DDDS Service Recipients	DDDS	New Activity in Q1 FFY 2024	\$200,000	\$200,000	No additional match anticipated
New Activity in Q1 FFY 2024: DDDS Service-Supported Housing Study	DDDS	New Activity in Q1 FFY 2024	\$600,000	\$600,000	No additional match anticipated
New Activity in Q1 FFY 2024: DSCYF Evidence-Based Training for Providers	DPBHS	New Activity in Q1 FFY 2024	\$300,000	\$300,000	No additional match anticipated
New Activity in Q1 FFY 2024: DSAAPD Home Modifications	DSAAPD	New Activity in Q1 FFY 2024	\$3,500,000	\$3,500,000	No additional match anticipated
New Activity in Q1 FFY 2024: DSAAPD Delaware Caregiver Action Network Technical Assistance	DSAAPD	New Activity in Q1 FFY 2024	\$350,000	\$350,000	No additional match anticipated
DDDS DSP Leadership Training	DDDS	CMS Approval 8/18/23	\$460,000	\$460,000	No additional match anticipated
Community Needs Assessment	OSEC/DMMA	CMS Approval 8/18/23	\$600,000	\$600,000	No additional match anticipated
DDDS Remote Supports Pilot	DDDS	CMS Approval 8/18/23	\$570,000	\$570,000	No additional match anticipated
Critical Incident Management System Upgrade, Phase 2	DMMA	CMS Approval 8/18/23	\$6,042,145	\$1,405,829	Implementation Advanced Planning Document pursued; 90/10 match for implementation and 75/25 match for maintenance and operations for the first three years planned



Activity	Division Owner	Status of Activity	Total Computable Costs	State Equivalent Funds Estimate	Additional Anticipated Match
SUD Provider Rate Increase	DMMA/DSAMH	CMS Approval 5/25/23	\$4,027,546	\$1,671,835	Medicaid-match for services anticipated
SUPPORT Demonstration Project Administration	DMMA/DSAMH	CMS Approval 5/25/23	\$610,000	\$610,000	No additional match anticipated
SUD Prevalence Study Updates	DMMA/DSAMH	CMS Approval 5/25/23	\$70,000	\$70,000	No additional match anticipated
SUD Prevalence Dashboard Updates	DMMA/DSAMH	CMS Approval 5/25/23	\$60,000	\$60,000	No additional match anticipated
Comprehensive Medicaid SUD Provider Directory	DMMA/DSAMH	CMS Approval 5/25/23	\$75,000	\$75,000	No additional match anticipated
CCBHC Stakeholder Engagement and Strategic Planning	DMMA/DSAMH	CMS Approval 5/25/23	\$100,000	\$100,000	No additional match anticipated
Preferred Office-Based Opioid Treatment Design Support	DMMA/DSAMH	CMS Approval 5/25/23	\$185,000	\$185,000	No additional match anticipated
Preferred Office-Based Opioid Treatment Planning Grants	DMMA/DSAMH	CMS Approval 5/25/23	\$1,100,000	\$1,100,000	No additional match anticipated
Pregnant and Parenting People (PPP) Living with Opioid Use Disorder Technical Assistance and Project ECHO	DMMA/DSAMH	CMS Approval 5/25/23	\$750,000	\$750,000	No additional match anticipated
MH Service Cost and Rate Study	DMMA/DSAMH	CMS Approval 5/25/23	\$298,000	\$298,000	No additional match anticipated
DDDS Outreach and Marketing Campaign	DDDS	CMS Approval 5/25/23	\$140,140	\$140,140	No additional match anticipated
DDDS DSP Recruitment Campaign	DDDS	CMS Approval 5/25/23	\$118,220	\$118,220	No additional match anticipated
Supportive Housing Pilot	DMMA	CMS Approval 5/25/23	\$1,000,000	\$1,000,000	No additional match anticipated
DSP Workforce Initiative Roadmap	DMMA	Under Development	Under Development	Under Development	No additional match anticipated
DSAMH DSP Recruitment and Retention Payments	DMMA/DSAMH	CMS Approval 5/25/23	\$1,500,000	\$1,500,000	No additional match anticipated

Activity	Division Owner	Status of Activity	Total Computable Costs	State Equivalent Funds Estimate	Additional Anticipated Match
HCBS Innovation Pilot Grants	DMMA	CMS Approval 5/25/23	\$10,000,000	\$10,000,000	No additional match anticipated
Registered Behavioral Technician Workforce Development	DDDS	CMS Approval 12/12/22	\$311,160	\$311,160	No additional match anticipated
Co-Occurring Gap Analysis	DDDS	CMS Approval 12/12/22	\$88,991	\$88,991	No additional match anticipated
Assessment of Deaf and Hard of Hearing Residents	DDDS	CMS Approval 5/25/23	\$30,000	\$30,000	No additional match anticipated
<b>Activity Complete:</b> SUD Provider Rate Increase	DSAMH	CMS Approval 8/5/22	\$2,000,000	\$830,220	Medicaid-match for services anticipated
Self-Directed Attendant Care (SDAC) and Self-Directed Respite DSP Retention Payments	DMMA	CMS approval 8/5/22	\$3,400,000	\$1,411,340	Medicaid-match for services anticipated
<b>Activity Complete:</b> DDDS DSP Recruitment Workshop	DDDS	CMS approval 8/5/22	\$48,000	\$48,000	No additional match anticipated
NWD Information Technology Upgrade	DSAAPD	CMS Approval 5/2/22	\$250,000	\$250,000	No additional match anticipated
Support for Local Contact Agencies	DSAAPD	CMS Approval 5/2/22	\$400,000	\$400,000	No additional match anticipated
Education, Marketing, and Outreach on HCBS services and Delaware's NWD System	DSAAPD	CMS Approval 5/2/22	\$200,000	\$200,000	No additional match anticipated
DSP Recruitment and Retention Payments in DSHP and DSHP Plus	DMMA	CMS Approval 5/2/22	\$6,440,000	\$2,594,676	Medicaid-match for services anticipated
DSP Recruitment and Retention Payments in DSAAPD	DSAAPD	CMS Approval 5/2/22	\$977,500	\$977,500	No additional match anticipated
DSP Recruitment and Retention Payments – DDDS	DDDS	CMS Approval on 12/8/21	\$4,600,000	\$4,600,000	No additional match anticipated
Provider rate study for DSPs who provide services under DSHP and DSHP Plus	DMMA	CMS Approval on 12/8/21	\$650,000	\$325,000	50% Administrative match

Activity	Division Owner	Status of Activity	Total Computable Costs	State Equivalent Funds Estimate	Additional Anticipated Match
benefits and State-funded services through DSAAPD					
<b>Activity Complete:</b> Update of Critical Incident Management Processes	DMMA	CMS Approval on 12/8/21	\$140,000	\$140,000	No additional match anticipated
<b>Activity Complete:</b> LTSS Strategic Planning Study	DMMA	CMS Approval on 8/5/22	\$100,000	\$50,000	50% Administrative match
Addition of a Respite Service for Children with Medical Complexity and Children with SED, MH, and MH/IDD Needs	DMMA	CMS Approval on 8/5/22	\$9,903,064	\$4,110,762	Medicaid-match for services anticipated
Development of Process for More Effectively Coordinating the Care for Children and Adults with Complex Needs and Multi-System Involvement	DMMA	Under Development	N/A	N/A	Reframed as a component of the LTSS Strategic Planning Study

The total State share for the 42 initiatives for which DMMA requests funding through the Spending Plan is \$49,881,673. This leaves an estimated \$2,856,918 of Spending Plan funds remaining to be spent through March 31, 2025. **Two initiatives remain under development.**

# Spending Plan Narrative

## Quarterly Update for Q1 FFY 2024

DMMA proposes six new activities in this Quarterly Update to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

### ***New Activity in Q1 FFY 2024: Specialized Enhanced Resident Supports Pilot for Participants with Co-Occurring IDD and BH Challenges***

DDDS requests approval for a pilot project offering new community-based residential options for hard-to-serve participants with co-occurring IDD and BH challenges, currently served in the 1915(c) Lifespan Waiver. A total of six participants will be served in the pilot, between two homes. Each of these individuals is noted to be living with IDD and a co-occurring BH or MH disorder and to have a history of police involvement, self-injurious behavior, property destruction, physical aggression, and/or inappropriate sexual behavior. Participants meeting criteria for this pilot have been unsuccessfully served in other community settings or have a history of repeated psychiatric hospitalizations.

This model is intended to be for long-term residential placement and service provision; it is not intended to be a crisis intervention model.

DDDS proposes to contract with a service provider to offer two residential options for participants with higher needs and includes the following acquisition and service costs for the two-year pilot period:

Acquisition costs include completing needed home modifications ahead of providing services, as described below.

- Infrastructure — up to \$72,000. The acquisition costs include the following:
  - Office Space: \$3000/month for 24 months, totaling up to \$72,000.
  - Two homes will be renovated with appropriate and necessary modifications to provide a three- or four-bedroom home, with two bathrooms, in a rural location, preferably on a two to three acre lot. The homes should have an attached garage.
  - Each of these homes will be in a rural neighborhood, providing for space between homes so as not to disrupt neighbors and to decrease complaints to law enforcement. However, each home will also support full access to the community with appropriate staffing support as per the expectations of the HCBS Settings Rule. These homes will be developed as HCBS compliant settings.
  - There will be no ARPA funding used to offset room and board costs. Service recipients will pay for the room and board with their Social Security Income and rental costs will be offset by state-only dollars that are set aside for this purpose and are not funded by ARPA 9817 funds.
- Home Modifications — up to \$296,000 depending upon need, for two homes
  - This is to provide appropriate and necessary home modifications, ahead of providing services to waiver participants.
  - The home modifications are necessary to assure the participants' health and welfare while living in the community with their identified disabilities.
  - The modifications are specific to meet the identified needs in participants' behavior support plans. Examples of such modifications may include removing walls to promote an open floor plan and to increase lines of sight necessary for appropriate supervision or removing ceiling fans and hanging lights identified as a hazard to people with a history of self-injurious

behavior and to replace them with recessed lighting. These examples are not intended to be an exhaustive list of home modifications assessed to be necessary ahead of providing services.

- The provider is a private landlord. The home modifications are not of general utility but specific to meet the needs of those participants identified to be appropriate for this pilot service.

Service costs include the staffing start-up costs to ensure staff are available and appropriately trained, as well as costs of paying for the service itself as part of the pilot, as described below:

- Staffing Start Up — up to \$912,155, which includes the following full-time staff:
  - State Program Director \$90,000.
  - Nurse Practitioner Psych (part-time) \$12,000, to support a psychiatric prescriber as needed for participant needs. This position will be committed to these two sites to minimize response time and maximize intervention, decreasing the need to pursue a more restrictive level of care provided at an emergency department in a hospital.
  - Registered Nurse (RN) \$75,000, to be available and within distance to respond. An RN is required to be able to provide injections to participants when needed, again to decrease the need to pursue a higher level of care.
  - Board-Certified Behavior Analyst \$75,000; this position will play two roles:
    - This person will oversee the RBT and provide clinical supervision to meet necessary supervisee to supervisor ratios.
    - This person will also write the behavioral support plans for the individual in the model.
    - A total of two positions will be needed to complete the staffing.
  - Licensed Certified Social Worker-Clinical (LCSW-C) \$60,000, to provide trauma-informed care for the individual and also for the team, addressing MH and well-being to prevent staff burnout. This includes one person to serve both locations.
  - House Manager \$50,000, to support doctor's appointments, scheduling, grocery shopping, and other tasks associated with the house itself. This includes one person for each site.
  - Office Staff \$59,765, to include human resources and payroll staff.
  - Accrued Incentives \$50,000, to provide staff benefits and training.
  - Travel \$18,625 to account for start-up activities.
- Once services are able to be provided and billed for, the daily rate for the service is estimated to be \$1560.22 for staffing at a 2:1 ratio. Over time, the goal is to be able to reduce this staffing to 1:1. Service totals for a total of six people, for 24 months in the pilot project, will be \$6,840,000.

The total estimated expenditures for this activity are \$8,118,000 for the full 24-month pilot project. This activity is considered a pilot and no additional Medicaid match will be requested. Once the pilot concludes, DDDS will sustain this service by submitting an amendment to the Lifespan Waiver to continue coverage and funding.

This project began on January 1, 2023; a Memorandum of Understanding (MOU) has been established with the service provider and DDDS. Beyond the start-up costs referred to above, these funds will not be used for ongoing room and board payments or internet service connectivity costs.

### ***New Activity in Q1 FFY 2024: Advanced Care Planning for DDDS Service Recipients***

This program is designed to provide advanced decision-making planning for DDDS service recipients receiving 1915(c) or 1915(i) HCBS services in partnership with the State's Protection and Advocacy (P&A) organization. Through this program, DDDS can support 150 individuals per year to develop advanced

planning directives that will support choice, identify medical surrogates in advance, and work to protect the rights of service recipients by avoiding unnecessary transfers to State custodianship/guardianship during times of medical emergencies.

### The Need

DDDS has approximately 800 clients who lack advance planning documents such as Advance Health Care Directives (AHCD), and Powers of Attorney (POA). Over the course of the COVID-19 public health emergency, DDDS has witnessed how the lack of advanced medical directives and the identification of medical surrogates can negatively impact the outcomes of individuals living in home- and community-based settings, especially in ways that directly impact their rights. Having these documents in place can help prevent financial exploitation, ensure an individual's wishes, and maintain easy access to community-based health care resources and stability in community-living.

### Proposal

The community partner will dedicate one full-time paralegal who will develop and distribute educational materials about supportive decision-making agreements, POAs, and AHCDs, and will meet with existing and new DDDS clients to prepare advance planning documents when they are needed and wanted.

As the State's designated P&A organization in Delaware, the community partner has extensive experience working with DDDS clients and with preparing advance planning documents for individuals with disabilities.

With a full-time advocate dedicated to this work, DDDS anticipates the paralegal would be able to prepare advance planning documents for 150 DDDS clients annually. The paralegal will also develop educational materials or videos to be distributed at DDDS service centers, online, and other education and outreach events. Materials will be available electronically, will be fully accessible to individuals with hearing or visual impairments, and will be translated into Spanish.

Total Cost: \$200,000 to fund the following activities for 18 months, to support approximately 225 individuals with advanced planning support:

- One Full-Time Equivalent (FTE) Paralegal: \$150,000
- Contract Psychologist for Advanced Planning: \$25,000. A psychologist/consultant may be used to evaluate clients in circumstances where staff are unsure whether the client has the legal capacity to understand and sign advance planning documents, or to support clients who may wish to discuss issues related to end of life or health care decision-making and planning.
- Materials for education and distribution: \$25,000

No additional match will be sought for this activity. As part of the review of the success of and demand for this activity, the Division will study both ongoing interest and need for the program and possible mechanisms to sustain this effort with State and partner support.

### ***New Activity in Q1 FFY 2024: DDDS Service-Supported Housing Study***

DDDS proposes to pursue a contract with a vendor that will complete a gaps in housing study for individuals living with IDD **and receiving HCBS through the 1915(c) or 1915(i) programs available**, culminating in a report. The report will explore promising housing models in other states as well as the current status of housing for adults with IDD in Delaware through stakeholder interviews, focus groups, and surveys. The final report will describe qualitative data collected through the study process, estimate the number of adults with IDD who need housing and can benefit from additional housing options,

describe housing models used in other states, and provide a set of recommendations for developing new housing options and/or supporting existing housing models.

The total estimated expenditures for this activity is \$600,000, with no additional match planned. This is a one-time activity that does not require a sustainability plan. The results of this study will be used to target specific interventions that DDDS can consider as adults with IDD who currently live with aging caregivers and may require alternative housing arrangements in the near future. Identifying and addressing the existing gaps in housing for this population will divert participants from receiving higher cost care in an institution.

#### ***New Activity for Q1 FFY 2024: DPBHS Evidence-Based Provider Training***

The Division of Prevention and Behavioral Health Services (DPBHS) proposes to utilize funds to disseminate two evidence-based practice trainings (Motivational Interviewing and Risk Reduction Family Therapy) to its community-based providers (26 agencies) and its care managers (about 50 staff) to enhance the treatment outcomes for persons served. The expansion of the use of evidence-based practices will enhance service engagement, delivery, and treatment outcomes for children with serious emotional disturbances, and their families who receive BH services under the State Plan. To accomplish this, DPBHS will contract with individuals with expertise in the two models to provide training, consultation, and fidelity monitoring. DPBHS will work with the contracted trainers to develop a plan for sustainability of the training post ARPA-funding. Once funding is received, DPBHS will:

1. Work with the provider network and care management team to identify individuals to participate in each of the trainings.
2. Establish contracts with each trainer for the scope of work.
3. Schedule initial training and consultation calls across a 12-month period.
4. Monitor use of the practices for fidelity to the models.
5. Collect feedback from individuals utilizing the models and from consumers.

The total expenditures for Motivational Interviewing training (providers and care managers) is estimated to be \$70,000. The total expenditures for Risk Reduction Family Therapy training (provider only) is estimated to be \$230,000. No additional match is requested for this project. This project is expected to begin in November 2023 and conclude in November 2024.

For the scope of this project, the funds will not be used to support care provided by institutions, to pay for room and board costs, or to fund ongoing internet connectivity. Providers and case managers are currently providing rehabilitative services under the State Plan benefits.

#### ***New Activity in Q1 FFY 2024: Home Modifications***

The DHSS Office of the Secretary and DSAAPD propose a new activity to complete home modifications for those currently not receiving long-term care Medicaid HCBS. This population is considered to be "pre-Medicaid eligible", meaning that they have not yet impoverished themselves to the resource limits of Medicaid.

This funding would support participants of a cross-section of agencies, including DDDS, DSAAPD, Division of Vocational Rehabilitation (DVR), the Division for the Visually Impaired (DVI), and the Delaware Assistive Technology Initiative (DATI). These Divisions provide services and supports to older adults and people living with disabilities to remain living at home or in a community setting. This activity would fund a contract with a vendor(s) to complete the following tasks:

- Provision and installation of certain home mobility aids (e.g., a wheelchair ramp and modifications directly related to and specifically required for the construction or installation of

- the ramp, handrails for interior or exterior stairs or steps, grab bars, stair lifts or glides, Hoyer lifts or track systems, emergency technology including lights and sirens, and other devices).
- Provision and installation of minor physical adaptations to the interior of an individual’s place of residence that are necessary to ensure the health, welfare, and safety of the member, or which increase the individual’s mobility and accessibility within the residence, such as widening of doorways or modification of bathroom facilities.
  - Provision and installation of vehicle modifications to support individuals and their caregivers. These supports include Primary and Secondary Driving controls, ramps, lifts, wheelchair tie-downs and occupant restraint systems, and transfer seats.
  - Provision and installation of remote technologies in an individual’s home to support independence through remote prompting and check-in capabilities. These lower costs provisions are intended to support individuals who need minor supervision to assure for medication management and other supports to assist individuals navigate their homes independently.
  - Enhancement to the home modification infrastructure in the State by creating a unified program for all disability-serving agencies and developing community education on home modification programs and vendors in Delaware. Training for vendors on the Americans with Disabilities Act (ADA) will also be provided to enhance the existing network. Delaware will look to employ vendors and consultants with credentialing appropriate for these modifications, such as Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) to support the sustained support available to individuals in need of home modifications to support independence.

This program would exclude the installation of elevators and those adaptations that are considered improvements to the residence or that are of general utility and not of direct medical or remedial benefit to the participant, such as replacement of heating or cooling units or systems; installation or purchase of air or water purifiers or humidifiers; and installation or repair of driveways, sidewalks, fences, decks, and patios. Also excluded are adaptations that add to the total square footage of the home. This program is not available to participants residing in assisted living or NFs.

Once complete, this one-time funding will ensure those currently waiting for needed repairs are able to age-in-place and do so safely. The vast majority of adults want to age at home and in their communities. But, for many if not most, the homes they currently reside in will need some degree of modifications or repairs — whether major or minor — to accommodate changing needs and abilities in order to support safe and independent living. By making changes that adapt or convert features of a home to meet the needs of those with disabilities who live in them, home modifications help support independent living, caregiving, and the prevention of falls. Additionally, home modifications have proven to decrease the reliance on institutionalization and acute care patient stays. DHSS is developing a system that supports accessibility, independence, and person-centered practices, including home modifications, sensory and monitoring technology, and housing alternatives. These structural investments will lead to increased autonomy for those with disabilities. This investment to support individuals in need will also help to address current inequities in access to home modification supports in that this program will be available to all individuals who are unable to afford the modification on their own, regardless of Medicaid eligibility.

There are currently 118 known individuals that have been awaiting home modifications for upwards of two years. Due to the current fractured system of access to home modifications, the universe of need is unknown. Most partners do not keep waitlists as funding for this support has been sporadic and caps on spending per person have not been raised in years, making most allocations that are available too low to address the true need. This proposal accounts for the 118 known individuals and projects a minimum of



150 additional individuals are currently in need of home and vehicle supports to remain independent in the community. A review of the costs associated with the proposed supports suggests a range of \$20,000 per person with current pricing and a lifetime limit of a higher amount of \$40,000 is needed for complex repairs that can keep individuals in their homes.

With these estimates, Delaware is asking for \$3,500,000 to address the current need for home and vehicle supports, and to build infrastructure within contractual partners and certified consultants to oversee this work and future home modification efforts. This funding is expected to meet the known need and to build an infrastructure that will support a centralized approach to providing home modifications to older Delawareans and Delawareans with disabilities.

No additional match will be pursued. This funding will not be used to pay for room and board or ongoing internet connectivity costs.

DHSS anticipates once the waitlist is reduced, the Department will be able to support additional participants in the future with other sources of funding. DHSS is actively leveraging funding streams for maximum efficiency to support the growing aging and disabilities populations, including supporting Medicaid eligible participants, approximately 35% of its roster, seeking Medicaid. It is anticipated that the project will begin on September 1, 2023 and be completed on or before August 31, 2024.

#### ***New Activity in Q1 FFY 2024: Delaware Caregiver Action Network (DCAN) Technical Assistance***

The DHSS Office of the Secretary and DSAAPD propose a new activity to engage in technical assistance for DCAN. DCAN was formed in response to the need to engage public and private partners by developing a sustainable action network to support caregivers. DCAN is an open forum working group that includes caregivers, advocates, community partners, and State agencies. In late 2022, DCAN began meeting to develop strategies for Delaware. DCAN is seeking to improve meaningful caregiver supports and do so in the way caregivers desire. Caregivers are defined as those unpaid individuals who are providing informal supports to service recipients living in their homes and communities, either Medicaid-eligible or pre-Medicaid-eligible. While DCAN has been able to produce an environmental scan of current caregiver resources, the network does not have a path forward, nor leadership to guide members. This activity would fund a contract with a technical assistance vendor to complete the following tasks:

- Support DCAN in developing action items for recommendations from Caregiver Focus Group Report: [Family Caregiving Grant Project \(delaware.gov\)](https://delaware.gov).
  - Continue operating with the NWD approach but improve the reach of service information by diversifying dissemination approaches.
  - Improve systems navigation processes, increase support State staff knowledge, and create accessible population-specific materials.
  - Partner with leaders in a variety of communities who may function as trusted champions and sources of information and may also provide insight on community needs and resources outside of the State’s typical purview.
  - Explore ways to support caregivers with self-directed grants.
  - Develop or sponsor opportunities for robust peer-to-peer support.
  - Pursue additional activities to understand the needs and strengths of all caregiver populations in Delaware.
- Restructure DCAN participation and membership.
- Provide re-engagement strategy and sustained engagement strategy for DCAN.
- Support DHSS community engagement efforts with caregivers and caregiver support.
  - Develop strategy, plan, and assist with initial engagements.

- Host calls, community meetings, and town halls.

Once complete, this technical assistance will improve the State’s strategies for improving caregiver supports in a person-centered, trauma informed, and culturally diverse approach. DCAN will in turn be sustainable, ensuring that future meaningful supports may be developed.

The total expenditures estimated for this activity is \$350,000, which will purchase expanded services from technical assistance provider to complete the assessments, analysis, and recommendations. No additional match will be pursued. This is a time-limited activity, and no sustainability plan is required. It is anticipated that the project will begin on September 1, 2023 and be completed on or before August 31, 2024.

### **Quarterly Update for Q4 FFY 2023**

DMMA proposes four new activities in this Quarterly Update to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

#### **DDDS DSP Leadership Training**

##### ***Quarterly Update for Q1 FFY 2024***

The first cohort of Delaware DSPs completed the Leadership, Empowerment, Advancement, & Development (LEAD) program during the Spring of 2023. The 12-week training series was developed by the vendor, in partnership with DDDS to strengthen the knowledge, confidence, and leadership skills of Delaware’s emerging direct support leaders in the disabilities field.

The Spring 2023 cohort of LEAD included 15 participants who attended two in-person and 10 virtual sessions from March 14, 2023 through May 31, 2023. Participants engaged in 52 hours of training consisting of small and large group discussions, self and organizational assessments, experiential exercises and simulations, expert guest speakers, an individual leadership development process, and a group resource development process.

LEAD participants completed a pre/post-program online surveys to collect information about their perceptions of themselves as leaders, how they feel about their roles at their organizations, and their values about people with disabilities. The survey is designed to capture a snapshot of how participants perceive their roles, leadership skills, and value in their organizations before and after the training. The “Spring 2023 LEAD Program Evaluation — Feedback and Findings” documents the results and will be reviewed to inform changes, adaptations, and/or improvements that can be made for future cohorts.

As of June 30, 2023, the next LEAD training has been scheduled to begin in the Fall 2023. Marketing and outreach activities have begun to recruit the next cohort of DSPs.

#### ***Activity Description***

DMMA proposes a new activity to strengthen DSPs providing HCBS to participants in DDDS, who are also in a leadership position within their agency. DDDS notes that within agencies who employ DSPs, there are many who are promoted to a leadership or managerial position without receiving any training for those roles. Other DSPs leave the workforce due to lack of promotional opportunities or any type of career path. This funding would support a leadership training vendor for two main tasks. The first task is to develop a leadership program with DDDS support which includes an assessment and evaluation

strategy. The second task is to provide leadership training for up to 25 DSPs per quarter. DSPs identified for this leadership training opportunity must be nominated by their agency. The training requires two in-person sessions and remote options for the remainder of the training sessions. At the end of the training, in addition to the leadership skills, the DSPs will have an alumni cohort for networking and other supports.

This activity would enhance HCBS by providing another strategy for DSP workforce retention by simultaneously supporting opportunities in career advancement while also working to prevent staff turnover by addressing the leadership gap within provider agencies. A highly trained DSP workforce also benefits participants receiving HCBS with higher quality of care and staff stabilization. The funds requested will be used to reimburse provider agencies who choose to nominate their DSPs for this opportunity, including the cost of travel time for transportation to the two in-person sessions, removing barriers for DSP participation.

This activity started in January 2023. The first DSP cohort began training in March 2023 and will conclude at the end of May 2023. A total of 22 DSPs signed up for the opportunity, and 20 attended the first in-person session. DDS has completed an MOU for providers to be reimbursed for the training as DSPs participate.

- Cost of vendor time to complete program development and assessment and evaluation strategy: \$43,500
- Cost of training course: \$1850 per DSP
- Other costs: Flat fee to the provider to cover time and transportation for in-person sessions and onsite location costs
- Total cost of program: \$230,000 per year.
- Total funds requested: \$460,000 for two years of this program.

No room and board will be paid for with these funds, nor will any institutional providers receive funding.

As part of the planned ongoing assessment and evaluation, the Division will study both ongoing interest and need for the training program and possible mechanisms to sustain this effort with State and partner support.

## **Community Needs Assessment**

### ***Quarterly Update for Q1 FFY 2024***

**This activity was recently approved by CMS;** no action has been taken towards implementation at this time. DHSS will leverage State contracted evaluation companies to quickly launch the needs assessment once approvals have been communicated.

### ***Activity Description***

The DHSS Office of the Secretary and DMMA propose a new activity to complete a community needs assessment. Current census in State-run facilities is approximately 300 individuals. This activity is proposed to be broken into two parts:

The first phase of this activity would fund a contract with an evaluation vendor to complete the following tasks:

- Multi-modal data collection and review, including demographic information, assessment information, and claims, for those individuals residing in State-run facilities.

- Structured interviews with a subset of this population, estimated to be approximately 150 individuals. The interviews will include an assessment of:
  - Current levels of need.
  - Current desire and ability to move back to the community.
  - What services would be necessary to support a successful transition to the community.
- An inventory of available HCBS and supports for each individual interviewed.
- An analysis of gaps in services, capacity, and other barriers preventing individuals from moving to the community.

In addition to State-run facilities, the second phase of the community needs assessment will focus on the current long-stay patient issue that the State is facing. Long-stay patients are defined as individuals who are in an acute-care setting 15 days or more and no longer require that level of care. There are currently almost 400 individuals statewide that are inappropriately within a hospital-setting due to the lack of community resources. This gap of community resources has led to an increase in referrals to State-run facilities and an overutilization of institutionalization. The second phase will include the following tasks:

- Multi-modal data collection and review, including demographic information, assessment information, and claims, for individuals who are identified as long-stay patients within the hospital systems.
- Structured focus groups with stakeholders who work with this population. These groups will include, but are not limited to: MCOs, substance abuse and MH treatment programs, group homes, ACT teams, long-term care facilities, and assisted living facilities. These focus groups will explore what the barriers are to serving individuals with complex needs within a HCBS capacity.
- Conduct research on national best-practices for serving individual with complex needs in the community. This will include, but is not limited to, soliciting technical assistance from industry membership groups, site visits to long-term care and community-based programs in other states that are meeting the needs of individuals with complex needs, and an evaluation of Delaware’s current out-of-state placements.

Once complete, this data-driven analysis will inform the State’s strategies for improving access to HCBS, such as targeted hiring for more home health aides, improved coordination with partner agencies to increase access to supportive housing, or other improvements in HCBS capacity. Referrals will also be made, as applicable, for those individuals interested in discharging to the community, for appropriate service provision and support. The State will also assess the level of adoption of the Olmstead expectations, which may inform targeted statewide training efforts.

The total expenditures estimated for this activity is \$750,000, which will purchase expanded services from an evaluation vendor to complete the assessment and analysis. No additional match will be pursued.

This funding will not be used to support institutional providers, to pay for room and board, or to pay for internet connectivity. This is a time-limited activity, and no sustainability plan is required. It is anticipated that the study will begin on July 1, 2023 and be completed on or before June 30, 2024.

### **DDDS Remote Supports Pilot**

#### ***Quarterly Update for Q1 FFY 2024***

**This activity was recently approved by CMS;** no action has been taken towards implementation at this time.

### ***Activity Description***

DMMA, in partnership with DDDS, proposes a pilot project to evaluate the feasibility and effectiveness of adding a remote supports service to Medicaid LTSS-eligible members participating in the Lifespan Waiver. As in most states, Delaware is experiencing a workforce shortage for those DSPs who provide support to waiver participants needing assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Remote supports provide an opportunity for additional independence and a decreased need for human assistance, which may alleviate some staffing challenges while improving quality of care.

DDDS will contract with a remote supports vendor, to support up to nine service sites and approximately 22 individuals over a span of 20 months to adequately capture and assess the impacts of the remote supports service. The objectives of this pilot are as follows:

1. Create a replicable model for remote supports implementation and funding, including baseline standards of practice and training resources.
2. Develop an approach for assessing and implementing remote supports for the Lifespan Waiver participants.
3. Evaluate the impact of remote supports for waiver participants.
4. Demonstrate the value of remote supports beyond the pilot group.
5. Advance the State's efforts in promoting technology capabilities through funding infrastructure and resource development.

The pilot will include infrastructure development to support oversight and key stakeholder education; site implementation of remote supports; regular reviews of pilot progress, lessons learned, and other key insights with DDDS staff; and evaluation of pilot participant experience and impacts to inform a high-level set of recommendations for the expansion of remote supports post-pilot.

Participants will be assessed for their needs, to determine whether or not their needs could be met remotely, and if so, what types of technology supports would be needed. Participants and their guardian or representative will be educated about the opportunity to participate in the pilot, and must provide consent to the use of remote supports. Participants will receive training on the technology to be used in their home and how to reach out for help if needed.

The total expenditures for this activity are estimated to be \$570,000, with no additional match planned for the pilot period. This activity is time-limited as a pilot, but will be sustained through inclusion of the most effective supports into the Lifespan Waiver under 1915(c) in the future. No room and board costs will be funded through this project; additionally, no ongoing internet connectivity costs will be funded through this project.

### **Critical Incident Management System Upgrade, Phase 2**

#### ***Quarterly Update for Q1 FFY 2024***

DMMA has continued to work with its partners on the internal contracting processes, to finalize the scope of work and attain a signed executed contract for the identified vendor. Once this is complete, then system design and implementation work will begin in earnest, tentatively scheduled for October 1, 2023. Additional information will be provided in the next Quarterly Update.

### ***Activity Description***

Following Phase One of the project, which focused on a workgroup of the partner Divisions who will be utilizing the integrated critical incident management solution, Phase Two of this project will be the

actual information technology (IT) solution development and implementation, with associated vendor and contractor supports in place as needed for a successful go-live.

DMMA and the partner Divisions have identified a vendor and are in the process of finalizing a scope of work, to include a commercial-off-the-shelf software product and platform that will allow for incident reports, investigations, and resolutions to be captured and monitored for the Division responsible for oversight; analysis of incident data to identify and track trends across members, providers, and sites across Divisions; aggregate data reporting across Divisions; and promotion of statewide monitoring and intervention as needed to prevent additional incidents. Providers and MCOs, currently responsible for reporting, will be able to enter incident reports directly into the system.

The budget for project includes the following components:

- IT Solution Implementation Fees: \$2,198,050
  - This assumes a 15-month implementation timeline.
  - DMMA will pursue an Implementation Advanced Planning Document (I-APD) for the 90/10 federal match.
- Annual Maintenance and Operations Fees: \$1,984,095
  - This accounts for three years of maintenance and operations.
  - DMMA will pursue the I-APD described above for a 75/25 federal match.
- Provider License Fees: \$560,000
  - This assumes 1865 provider licenses for two years.
  - No federal match is assumed for this activity at this time, but this is under review as the I-APD is drafted.
- Contractor support: \$1,300,000
  - This assumes an 18-month timeline, to continue convening the workgroup as decisions are made about system governance and change control boards; updates to policies and procedures; updates to language in the MCO contracts; and other tasks to ensure the IT solution addresses the varying needs of the partner Divisions and DMMA.

This project is proposed to begin on July 1, 2023 and end on or near December 31, 2024. This includes several months of support after the IT solution goes live, to address any user feedback as needed.

No ongoing internet connectivity costs will be paid for with these funds. The total expenditures for this activity are estimated to be \$6,042,145, with a State share of \$1,405,829 to be funded through enhanced FMAP dollars with applicable federal match.

### **Quarterly Update for Q3 FFY 2023**

DMMA proposes no new activities in this Quarterly Update. However, activity descriptions and expected expenditures have been updated for several activities, as described below.

### **Quarterly Update for Q2 FFY 2023**

DMMA proposes 16 additional activities to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

### **SUD Provider Rate Increases**

#### ***Quarterly Update for Q1 FFY 2024***

The Governor's Budget was recently passed and SUD provider rate increases were part of the approved budget. The DMMA policy team is currently reviewing the full budget amount to determine if any part of

the rate increases will require funding through the ARPA monies available. If ARPA funds are needed, this would be only for SFY ending June 30, 2024; any additional funds will be sustained in the next Medicaid baseline budget. Additional information will be provided in the next Quarterly Update.

### ***Quarterly Update for Q4 FFY 2023***

As noted below in the Activity Description, this activity is proposed as a possible second phase for a previously approved activity. As this activity is still under CMS review, information about implementation activities is described within the previously approved activity.

### ***Quarterly Update for Q3 FFY 2023***

As noted below in the Activity Description, this activity is proposed as a possible second phase for a previously approved activity. As this activity is still under CMS review, information about implementation activities is described within the previously approved activity.

### ***Activity Description***

This activity represents a possible second phase of a previously approved activity.

DSAMH is currently planning a rate increase for SUD providers across levels of care. For the purposes of the rate increase that will be funded with the enhanced FMAP dollars, these increases are targeted at providers of services listed in Appendix B of the State Medicaid Director Letter (SMDL) #21-003 who are not providing services in institutions of mental disease. Specifically, the SUD providers targeted for these rate increases provide services covered under the rehabilitative services benefit in the State Plan, including residential treatment (not provided in an institution for mental disease), partial hospitalization, intensive outpatient treatment, and outpatient counseling and other services.

The original rate increases will be effective January 1, 2023. This newly proposed activity will use the enhanced FMAP to fund the rate increases from July 1, 2023 to June 30, 2024, if the State legislature does not appropriate the funds as planned.

The rate methodology as described in the State Plan will not require an amendment, nor will this require a directed payment preprint. The State is currently working towards including these rate increases in future legislative appropriations in order to sustain them.

The total expenditures for this activity is estimated to be \$4,027,546, with the State share funded through the enhanced FMAP dollars to be approximately \$894,125 after seeking Medicaid match for these services. This includes a 7.7% increase in utilization, based on historical utilization increases.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. The services impacted by these rate increases are covered as part of the rehabilitative services benefit in the Delaware Medicaid State Plan; these include SUD outpatient and residential addition treatment services. The following HCPCS codes were subject to rate increases:

- H0001 Alcohol and/or Drug (AOD) assessment (American Society of Addiction Medicine [ASAM] Level 0.5 or 1)
- H0004 BH counseling and therapy (ASAM Level 0.5 or 1)
- H0005 AOD services, group counseling by a clinician (ASAM Level 1)
- H0038 Self-help/peer services, substance abuse program
- H0012 AOD abuse services; ambulatory detoxification (Level 2-WM), more than four hours, but less than 24 hours per day

- H0015 AOD services, intensive outpatient
- H0035 MH partial hospitalization program
- H2034 AOD residential program, per diem (ASAM Level 3.1)
- H2036 AOD residential program (ASAM Level 3.3)
- H0011 AOD services, acute detoxification (residential addiction program inpatient) (ASAM Level 3.7)

Please note that DMMA is no longer requesting funding for medication assisted treatment initiated in emergency departments; this language has been removed from the Activity Description.

With the enhanced FMAP funding available through ARPA, DMMA is only requesting to fund the delta between the rates paid on April 1, 2021 to these providers and the increased rates. The rate as paid on April 1, 2021 will continue to be paid through typical Delaware Medicaid funding. FMAP funds will not supplant the State’s proportion of the rate. FMAP funds will be used to supplement the rate in the form of a rate increase. This FMAP funding gets the rate increase to providers sooner, helping to maintain access to Medicaid-funded HCBS targeted at those members with substance abuse disorders. The rate increase for this provider group has been included in the Governor’s recommended budget, but has not yet been approved.

**SUPPORT Demonstration Project Administration**

***Quarterly Update for Q1 FFY 2024***

Work to support the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Demonstration Project has been ongoing while waiting for CMS approval. As per CMS guidance, financial reporting on ARPA funds will be retroactive to October 18, 2022, as this is when the project was first proposed in the HCBS Spending Plan narrative. Now that CMS approval has been granted, discussions are occurring on next steps for the project through this SFY.

***Quarterly Update for Q4 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

***Activity Description***

DMMA was one of five states awarded a three-year SUPPORT Act Demonstration Project cooperative agreement. The SUPPORT Act was enacted in 2018 in response to growing concern regarding the increasing number of drug overdose deaths. The SUPPORT Act seeks to address widespread overprescribing and abuse of opioids. This funding will enhance, expand, and strengthen SUD-focused HCBS services, as it will enable DMMA to plan for and implement a range of SUD-focused initiatives including:

- Assessing and addressing SUD prevalence.
- Assessing and addressing SUD treatment and recovery system capacity and gaps.
- Analysis of service utilization patterns including changes to criteria, if needed.
- Identifying policy and reimbursement barriers.
- Implementing strategies to develop a long-term, sustainable SUD provider network.

Total anticipated cost across two-year proposed period would be \$610,000.



Because the scope of this activity is time-limited and primarily intended to study the landscape of opioid treatment related services, policy, and provider network resources, a sustainability plan is not required.

These funds will be used to support contractor resources to manage the cooperative agreement and develop and implement work plans for SUD treatment and recovery services expansion initiatives.

### **SUD Prevalence Study Updates**

#### ***Quarterly Update for Q1 FFY 2024***

DMMA is negotiating a scope of work for this study; the target start date is to be determined. Additional updates will be provided in the next Quarterly Update.

#### ***Quarterly Update for Q4 FY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

With funding support from the SUPPORT Act planning grant, DMMA contracted with a vendor to produce the 'Annual Prevalence Report (2014–2019) for SUD Among Medicaid Clients. This report includes statewide SUD and opioid use disorder (OUD) prevalence rates among Delaware Medicaid beneficiaries, as well as other key indicators such as demographics, subpopulations impacted by SUD/OUD, rates of co-occurring mental illness and polysubstance use, and county and zip code level OUD prevalence rates. HCBS Spending Plan funds will pay for two new updates to the previous prevalence study. The first will reflect findings from data from 2020 and 2021. This update will be published in Spring of 2023. The second will reflect findings from data from 2022 and 2023. This update will be published by March 31, 2025.

Total anticipated cost across two years (2023–2025) would be \$70,000 covering costs of data analysis and development of both report updates. This activity is anticipated to be eligible for federal administrative match.

Because the scope of this activity is time-limited and to develop reports specific to defined time periods intending to develop an enhanced understanding of SUD/OUD prevalence rates in Delaware, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. The prevalence study was funded with the SUPPORT Act planning grant; funds from this grant are no longer available. The funding to replicate this study is now being requested through the HCBS Spending Plan. DMMA will use prevalence data to inform decisions around expansion of community-based SUD treatment and recovery services.

### **SUD Prevalence Dashboard Updates**

#### ***Quarterly Update for Q1 FFY 2024***

This activity is dependent upon the SUD Prevalence Study, which is currently in the early stages of implementation. Once the study is underway, the timeline for the updates to the dashboard will be clear. Additional information will be provided in the next Quarterly Update.

### ***Quarterly Update for Q4 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA intends to incorporate findings from prevalence analysis studies described previously into an internal SUD data dashboard. HCBS funding will be used to develop the dashboard and incorporate data from the two prevalence study reports covering 2020–2021 and 2022–2023. Completion of the dashboard containing the most current data should be anticipated by 2025.

Total anticipated cost would be \$60,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. DMMA plans to convert prevalence study findings into a user-friendly dashboard that can be used internally by State staff and contractors to inform the development of community-based SUD treatment and recovery services and inform other DMMA strategies to support the SUD crisis. A previous version of this dashboard was funded through the SUPPORT Act planning grant; planning grant funds are no longer available for this purpose.

### **Comprehensive Medicaid SUD Provider Directory**

#### ***Quarterly Update for Q1 FFY 2024***

The contractor who will support this project has identified the plan for development of the directory. Additional work is being done to finalize the scope of work necessary to begin implementation. Additional information will be provided in the next Quarterly Update.

#### ***Quarterly Update for Q4 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA proposes the development of a comprehensive Medicaid SUD provider directory including providers of Office-Based Opioid Treatment (OBOT) programs. DMMA will utilize several different information sources in effort to accurately reflect the most current list of active Medicaid providers to promote timely access for members. These sources include the DSAMH provider directory, DMMA and contract MCO provider enrollment data, Delaware Treatment and Referral Network, and Treatment Connection. Delaware Treatment and Referral Network is a statewide, comprehensive referral network for BH and SUD treatment. Treatment Connection is a public facing portal, which enables those seeking MH and SUD treatment to anonymously search for nearby providers, evaluate the type of care needed, and submit confidential online referral inquiries to treatment providers.

Completion of the SUD directory is anticipated by July 31, 2023. Total anticipated cost would be \$75,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

### **CCBHC Stakeholder Engagement and Strategic Planning**

#### ***Quarterly Update for Q1 FFY 2024***

Following CMS approval of this activity, the contractor supporting this work will be developing the project plan to develop the Prospective Payment System (PPS) rate and help with cost reporting. The timeline for initiation is still under discussion. Additional information will be provided at the next Quarterly Update.

#### ***Quarterly Update for Q4 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA seeks funds to pay for stakeholder engagement activities and to assist with the development of an operational/strategic plan for the implementation of CCBHCs in Delaware. These proposed stakeholder activities and strategic planning efforts would establish a strong foundation for DMMA to seek additional funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a request for proposal (RFP) anticipated for release in October 2022. Funds would be used to support dedicated staffing and administrative resources to facilitate stakeholder meetings and develop a strategic plan for the development of the CCBHC model.

Completion of all stakeholder and plan development activities is anticipated by July 31, 2023. Total anticipated cost would be \$100,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

### **Preferred OBOT Design Support**

#### ***Quarterly Update for Q1 FFY 2024***

Following CMS approval of this activity, the contractor identified for this work is developing a project plan to help build the Preferred OBOT Treatment model, facilitate stakeholder engagement about the model, and develop the rates for providing services in this model. Planning activities have already been initiated. Additional information will be provided in the next Quarterly Update.

#### ***Quarterly Update for Q4 FFY 2023***

While awaiting CMS approval for this activity, DMMA utilized other available funds to conduct a national environmental scan to identify best practices (called the "OBOT Innovation Scan") to inform the design of a Medicaid statewide OBOT initiative. The scan was completed in March 2023.

### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

The Preferred OBOT Treatment model is a type of outpatient treatment designed for people living with OUD that integrates medical services, addiction treatment, and recovery services for individuals in one primary care location. DMMA proposes contracting with a vendor to complete the following in effort to implement Preferred OBOT Treatment model services in Delaware:

- Conduct an OBOT innovation scan
- Develop strategic objectives
- Conduct stakeholder engagement activities regarding design of the model
- Design a straw model
- Define all programmatic design requirements

Building a design plan will require engagement with key provider informants. DMMA proposes conducting a series of interviews with a variety of informants, conducting a complex claims analysis effort, developing alternative payment models, and engaging their contracted MCOs.

Completion of the design is anticipated by March 2025. Total anticipated cost would be \$185,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

### **Preferred OBOT Planning Grants**

#### ***Quarterly Update for Q1 FFY 2024***

Following CMS approval, planning activities have commenced on this activity. This opportunity is scheduled to be rolled out to providers in 2024. The contractor providing consulting services on this is developing a project plan. Additional information will be provided in the next Quarterly Update.

#### ***Quarterly Update for Q4 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

To further DMMA's intended implementation of the Preferred OBOT Treatment model, DMMA proposed award of 10 \$100,000 planning grants to support participation in a learning collaborative. These planning grants would be applicable to any of the following activities:

1. Develop community needs assessments
2. Develop and implement staff training plans
3. Hiring of personnel
4. Develop and implement client recruitment/marketing plans
5. Develop and implement processes and procedures on how to collect and what to report on evaluation data
6. Participate and support technical assistance activities

Outreach and education efforts related to the grant award process would begin in August 2023. Award of all 10 planning grants would be completed by September 2024. Total anticipated cost for the grants would be \$1,000,000 with an additional \$100,000 anticipated for administrative oversight and support of the grant award materials, evaluation, and selection of awardees for a total cost of \$1,100,000. This activity is not eligible for federal administrative match.

Because the scope of the activity is time-limited, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. Entities that are eligible for the OBOT Planning Grants include outpatient medical settings, including primary care practices, women’s health outpatient clinics, HIV clinics, and Federally Qualified Health Centers. All entities are community-based, though not traditionally considered HCBS. However, the OBOT model will support the integration of psychosocial rehabilitative services into these outpatient medical practices, as well as partnerships with specialty SUD treatment programs, including outpatient and residential addition services providers. This ultimately expands access to community-based SUD services. No room and board will be funded through these planning grants.

### **Pregnant and Parenting People (PPP) Living with OUD Technical Assistance and Project Extension for Community Healthcare Outcomes (ECHO)**

#### ***Quarterly Update for Q1 FFY 2024***

DMMA is coordinating this project with two vendors and is in the early planning stages of implementation. Additional information will be provided in the next Quarterly Update to the HCBS Spending Plan narrative.

#### ***Quarterly Update for Q4 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA proposes convening two Projects for ECHO to advance effective Medication for Opioid Use Disorder (MOUD) implementation for PPP with OUD. One of the projects will focus on OBOT and the other on OTPs (Methadone clinics or Methadone Maintenance Treatment Programs). DMMA will extend an existing contract with a subject matter expert on the integration of BH and reproductive and sexual health. The consultant will advise on programmatic, policy and clinical strategies to improve care for PPP with OUD. DMMA will procure quality improvement support on PPP-related initiatives.

Use of HCBS funding for this initiative will be dedicated as follows:

- \$200,000 for each ECHO, totaling \$400,000
- \$150,000 for clinical and programmatic consultation
- \$200,000 for quality improvement initiatives

Total anticipated cost for this activity is \$750,000. Completion of all activities is projected for March 2025. This activity is eligible for federal administrative match.

Because the scope of the activity is time-limited, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions has been integrated here. The proposed ECHO clinic is designed to build the capacity of providers to implement evidence-based practices to address OUD among PPP, through the provision of training and technical assistance to providers. The ECHO clinic will also include training on how to optimize Medicaid reimbursement in the delivery of services.

No sustainability plan is needed, given that this is designed to be a focused, time-limited activity. Future training and technical assistance, including additional ECHO clinics, will likely be funded by our partner Division, DSAMH. DMMA will ensure that Medicaid providers are aware of and can participate in these DSAMH-funded technical assistance opportunities.

For the proposed DMMA ECHO clinic, any willing and appropriate Medicaid provider can apply to participate, but selections will be made based on DMMA's assessment of each entity's ability to impact the target population. No institutional providers will be eligible for the grants; no room and board will be paid with these funds.

### **Mental Health Service Cost and Rate Study**

#### ***Quarterly Update for Q1 FFY 2024***

Since the last Quarterly Update, the vendor has continued work on the rate study. Information collected from the provider survey of costs was synthesized and shared with the State team for review. From here, draft rate models were developed and reviewed with State leaders and program managers. An external meeting with providers to share the results of work to date on the project is scheduled for July 11, 2023.

#### ***Quarterly Update for Q4 FFY 2023***

Since the last Quarterly Update, the vendor has developed a draft provider survey tool to support the rate study. Additionally, the vendor has met with provider association lead contacts to receive feedback on the provider survey tool and to assist in provider outreach and messaging about the rate study. Finally, also in support of the provider survey tool, the vendor facilitated a webinar with all providers to provide guidance on completion of the tool and to respond to individual provider questions on completing the survey. Total expenditures for the quarter ending March 31, 2023 is \$10,433.75.

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA proposes to expand the contract of a current vendor to complete a MH service cost and rate study. This study will include a provider survey to query providers about costs, staff time, and composition. Following the survey, the contractor will complete a data analysis and data comparison to wages from the Bureau of Labor Statistics and other secondary data sources. Using this data, a rate model will be developed that can be updated on an ongoing basis, and this model will be put out for public comment. This model will also inform the fiscal impact models that estimate costs to the State if the new rates are adopted. Finally, updates will be made to necessary State Plan Amendments (SPAs), Provider Billing Manuals, and rate methodology explanations. The work to complete this study and develop the rate model and associated documents is estimated to take place from August 1, 2022 to February 28, 2023.

The total expenditures for this activity are estimated to be \$298,000. This activity is eligible for federal administrative match. Additionally, as this activity is time-limited, a sustainability plan is not necessary.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions has been integrated here.

Medicaid providers of MH services were identified through the review of payments made to providers through the FFS and managed care Medicaid program for service utilization in CY 2021. This list was then reviewed and validated by DMMA, DSAMH, and the State provider associations.

As part of the study, a provider survey will be sent out to provider organizations that provide any combination of the following services to Medicaid members with MH or SUD concerns: care management, community psychiatric support treatment, individual employment support, psychosocial rehabilitation/habilitation/education/peer support, respite, adult day habilitation, community residential alternatives, ACT, intensive care management, mobile crisis team, and partial hospitalization. The survey is scheduled to be completed by March 31, 2023, with the financial analysis and modeling to occur in Summer of 2023.

The rate study will result in rate adjustments; the goal of the rate adjustments is to enhance evidence-based services and strengthen access for Medicaid members. The study will also help identify gaps in services and highlight opportunities for future State initiatives to address these gaps.

### **DDDS DSP Recruitment Campaign**

#### ***Quarterly Update for Q1 FFY 2024***

DDDS continues progress on implementation with the identified vendor. A timeline of recruitment activities has been developed, planned to coincide with DSP Appreciation Week, to engage with potential DSPs.

#### ***Quarterly Update for Q4 FFY 2023***

DDDS continues progress on implementation. DDDS staff are currently working with the vendor on a web-interface for clearer communication, as well as a communication strategy to engage with potential DSPs.

#### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS has continued progress towards implementation. The vendor chosen for this work presented proposed draft creative briefs for the DSP recruitment campaign to DDDS staff and DHSS Communications staff on December 9, 2022. The Division and the Department Communications team provided written feedback during the week of December 12, 2022, to inform next steps. The vendor anticipates launching in the first quarter of CY 2023 for this initiative, with the DSP recruitment campaign to follow the broader marketing campaign described below.

### ***Activity Description***

In support of workforce recruitment efforts, DMMA proposes to use the enhanced FMAP funds to partner with a vendor to complete a Recruitment Marketing Campaign for the DDDS service system. This campaign will provide an overall planning and concept development, campaign production and tool development, enhancements to the Division's website to facilitate recruitment and engagement with the DSP workforce, and both traditional and digital media placement.

This work is to begin during the last quarter of CY 2022 and be completed by the end of the first quarter of CY 2023. As this activity is time-limited, no sustainability plan is required.

The total expenditures for this activity are estimated to be \$118,220, with no additional federal match planned. While this effort is currently targeted towards DDDS, the work is designed to be scalable, and additional funding may be requested in a future Quarterly Spending Plan update to expand this work to include similar projects for DMMA, DSAAPD, and/or DSAMH.

### **DDDS Outreach and Marketing Campaign**

#### ***Quarterly Update for Q1 FFY 2024***

DDDS continues progress on implementation with the identified vendor. A timeline of outreach and marketing activities has been developed, planned to coincide with DSP Appreciation Week, to engage with potential DSPs in conjunction with the Recruitment Campaign described above.

#### ***Quarterly Update for Q4 FFY 2023***

In the quarter ending March 31, 2023, DDDS has executed a contract with the vendor chosen for this work and launched the project. DDDS is currently working on internal logistics to support a successful marketing and outreach strategy.

#### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS has continued progress towards implementation. The vendor chosen for this work presented their draft creative briefs for the DSP recruitment campaign to DDDS staff and DHSS Communications staff on December 9, 2022. The Division and the Department Communications team provided written feedback during the week of December 12, 2022, to inform next steps. The vendor anticipates a launch in the first quarter of CY 2023 for this initiative.

#### ***Activity Description***

To support strengthening the HCBS pathway for new applicants, funds will be used to partner with a vendor to assist with a brand campaign and service navigation that will make DDDS services more visible and easier to navigate for newly eligible service recipients and their families. DDDS notes that during the public health emergency, there was a notable drop in the number of new applications for services as traditional pathways to services were disrupted by the pandemic. Although application numbers have rebounded, DDDS has identified a gap in applicant data trends and believes now is a critical time to increase outreach and enrollment efforts before those losses become systemic service gaps for those individuals.

This work is to begin during the last quarter of CY 2022 and be completed by the end of the first quarter of CY 2023. As this activity is time-limited, no sustainability plan is required.

The total expenditures for this activity are estimated to be \$140,140, with no additional federal match planned. While this effort is currently targeted towards DDDS, the work is designed to be scalable and additional funding may be requested in a future Quarterly Spending Plan update to expand this work to include similar projects for DMMA, DSAAPD, and/or DSAMH.



## **Supportive Housing Pilot Project**

### ***Quarterly Update for Q1 FFY 2024***

DMMA continues to work with the identified vendor to finalize the scope of work and project timing. No additional work has been completed on this project at this time. CMS has also not yet approved the increase in funding requested, up to \$10,000,000. Additional information will be provided in the next Quarterly Update.

### ***Quarterly Update for Q4 FFY 2023***

While awaiting CMS approval on this activity, DMMA continues to work on project logistics and timing with the vendor contracted to do this work. Additionally, the budget of this activity has been increased to \$1,000,000; this is to pilot three specific services in one county of the State with the intent to evaluate the service outcomes. The services to be covered through the pilot are pre-tenancy services, tenancy services, and community transition costs. This activity continues to be proposed as a pilot and will not seek additional federal match. No room and board will be paid for with the enhanced HCBS FMAP funds.

### ***Quarterly Update for Q3 FFY 2023***

DMMA began engaging with a vendor to facilitate a planning process and convene a “Planning Council” that will design a supportive housing program pilot for Medicaid-eligible Delawareans who are experiencing severe housing insecurity. This activity would enhance HCBS by reducing housing insecurity as a limitation for those members who qualify for and who would prefer to receive Medicaid services in their homes and communities.

The Planning Council, detailed further below, will define the goals, key partners, and programmatic details of the pilot through a well-research and iterative process. The Planning Council may explore such decision points as:

1. **Goals** — What are the primary goals to guide the supportive housing pilot and evaluate against?
2. **Target Population** — What is the pilot’s population focus among those experiencing homelessness and housing insecurity? Will the pilot focus on one county or statewide?
3. **Key Partners** — What agencies will provide leadership for supportive services, access to housing units, rental assistance, and BH integration?
4. **Access to Permanent Housing** — What are the strategies to access permanent housing units in a single-site and/or scattered-site?

All details in this document will be further explored with the Planning Council and revised as needed to ensure the pilot’s success.

### **Problem Statements**

The Planning Council, described in further detail below, could look to address the following problem statements, identified by DMMA and key stakeholders:

1. **Housing Affordability:** Rent prices have continued to climb (increasing by over 20% from 2020 to 2022), stressing the affordability of housing across the State. Availability of housing is a key concern. It is estimated that there is only one affordable home for every 3.2 extremely-low-income Delawarean households.
2. **Homelessness:** Homelessness has risen drastically in Delaware, according to the annual Point in Time Count. Homelessness, according to the annual census, has doubled since 2019.

3. **Integrating BH into Permanent Housing:** The housing crisis is impacting those with mental illness and SUDs disproportionately. Lack of affordable housing and long-term housing-oriented services are proving difficult to move clients into permanent housing destinations integrated in the community.
4. **Transitioning from Inpatient or Institution to Housing:** There are challenges for those exiting inpatient (hospital or NF) or correctional facilities to transition to permanent housing and connect with needed services on a long-term basis.

**Goal Statements**

The Planning Council will review the problem statements and agree upon goals to guide the supportive housing pilot. The below goals are suggestions to guide discussion of the Planning Council and will be refined, changed, and adjusted as required:

1. Reduce homelessness and increase housing stability for a targeted population
2. Increase health outcomes for people living with severe mental illness and SUDs
3. Integrate BH services and Medicaid support into Delaware’s homeless response system

**Guiding Service Philosophy**

Key Value	Definition
<b>Supportive Housing</b>	The integration of permanent housing in the community with targeted supportive services, using a trauma-informed and equity lens.
<b>Housing First</b>	The evidence-based service philosophy that permanent housing should not be conditioned on sobriety or rigid program guidelines. Housing should be a first step to stability and increase health outcomes, if aligned with trauma-informed supportive services.
<b>Permanent Housing</b>	Housing that is affordable to the client; integrated into the community; not transitional or temporary to the tenant; lease or sublease is signed in the client’s name.

**Target Populations**

The Delaware Supportive Housing Pilot may serve the following populations with a potential focus in one of Delaware’s counties:

1. Households currently experiencing literal homelessness, who are eligible for Medicaid and are assessed by Delaware’s Coordinated Entry System.
2. Households that are at risk of homelessness due to an immediate (30 days or less) exit from the following locations:
  - a. Institutions for Mental Disease
  - b. Inpatient hospitals
  - c. NF
  - d. Correctional facilities

**Phased Planning, Implementation, and Evaluation**

PHASE ONE	PHASE TWO	PHASE THREE
<b>Planning</b>	<b>Implementation</b>	<b>Evaluation</b>
Feb 2023–Jul 2023	Oct 2023–Sept 2024	Sept 2024–Mar 2025
Scope of Work		
<ul style="list-style-type: none"> <li>• Form a Planning Council of key agencies to facilitate planning</li> </ul>	<ul style="list-style-type: none"> <li>• Execute agreements with participating MCOs, CBOs, and other agencies, as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Execute agreement with third-party evaluator</li> </ul>

PHASE ONE	PHASE TWO	PHASE THREE
<b>Planning</b>	<b>Implementation</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>• Determine lead agencies to deliver supportive services</li> <li>• Determine the source for rental assistance for clients in pilot</li> <li>• Determine access to housing units for clients</li> <li>• Engage third-party evaluator in design of outcome and data tracking</li> <li>• At the conclusion of planning process, submit updated pilot design and budget to CMS to review and approve</li> </ul>	<ul style="list-style-type: none"> <li>• Launch pilot and serve target population</li> <li>• Convene the Planning Council periodically to address challenges and review progress</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct an evaluation of the pilot results with a specific focus on client health outcomes, the rapidity of moving into permanent housing, and the sustainability of the housing placement</li> </ul>

**Phase One – Planning Agenda**

In the first phase of work, the project managers will guide a planning process that aligns stakeholders into agreement on the details of the pilot. A number of supportive housing programs across the country have overcome the affordable housing crisis by taking a dedicated approach to housing, identifying property owners who will sign an MOU to alter their tenant selection policy to prioritize supportive housing clients. This is an approach the Delaware could take to access units for the pilot.

That planning work may include the following items:

1. Form a **Planning Council** to facilitate the design and partnership agreements for the Supportive Housing Pilot. The membership will likely include at least these agencies:
  - a. DMMA
  - b. DSAMH
  - c. University of Delaware — Center for Community Research & Service
  - d. Housing Alliance Delaware
  - e. Housing Authorities (e.g., Delaware State Housing Authority, New Castle County Housing Authority, Wilmington Housing Authority, and Newark Housing Authority)
  - f. MCOs
  - g. Supportive service agency who will lead housing-based care management (as determined by the Planning Council)
2. Build **partnerships** with key agencies in Delaware:
  - a. Conduct key informant interviews and site visits with Planning Council members and other relevant stakeholders to identify a lead social service agency, a source for rental assistance, and partners for access to permanent housing units.
  - b. Review data from Medicaid, BH agencies, and the Homeless Response system to establish a baseline to measure against for the pilot’s effectiveness.
3. Deliver an **environmental scan of evidence-based practices** to Planning Council around the integration of BH, Medicaid, and supportive housing. Use, as a baseline, existing planning and research documents.
4. Facilitate the Planning Council with **periodic meetings** (March to July) in order to reach agreement on programmatic decision points such as the following:

- a. **Supportive Services:** identify the standard of care expected for a community benefit organization (CBO) to provide to clients; determine the selection process for the one CBO expected to lead services.
  - b. **Housing Units:** determine how to dedicate permanent housing units for the pilot clients, including exploring single-site opportunities and a unit recruitment campaign to identify scattered-site opportunities governed by an MOU.
  - c. **Rental Assistance:** decide on the source for rental assistance to support permanent housing placement for clients.
  - d. **Integration of Behavioral and Physical Health:** determine the role MCOs and State agencies can play to effectively integrate behavioral and physical health services into the housing-based programming.
5. Provide a **series of trainings on Housing First**, trauma-informed care, and other evidence-based practices to relevant staff at the MCOs, CBO, and any other participating agencies.

### Planning Budget

Budget Category	Cost
Implementation Project Management and Trainings	\$300,000
Evaluation of Pilot Outcomes	\$250,000
<b>TOTAL PLANNING COSTS</b>	<b>\$550,000</b>

This activity will not provide any funding for room and board.

### Activity Description

This project will include exploring services to support Medicaid members in maintaining their own living spaces. This project will not include development or construction of new homes nor providing rental funds to assist members with maintaining their current housing. This project will include piloting various types of tenancy supports, including housing location services and education around maintaining residency, to Medicaid members. The goal of this project will be to increase availability of these types of supports, to increase longevity of community residency with the addition of these supports, and to evaluate what types of supports are most effective with the intent of including them in a future 1115 demonstration amendment.

This activity is time-limited as a pilot, but will be sustained through inclusion of the most effective supports into the 1115 demonstration in the future. No additional federal match is planned for the pilot project.

### DMMA DSP Workforce Initiative

#### *Quarterly Update for Q1 FFY 2024*

This activity remains under development; additional information about the activity and the projected expenditures will be provided in the Q2 FFY 2024 Quarterly Update.

#### *Quarterly Update for Q4 FFY 2023*

This activity remains under development; additional information about the activity and the projected expenditures will be provided in the Q1 FFY 2024 Quarterly Update.

#### *Quarterly Update for Q3 FFY 2023*

This activity remains under development; additional information about the activity and the projected expenditures will be provided in the Q4 FFY 2023 Quarterly Update.

### ***Activity Description***

DMMA has partnered with a contractor to develop a phased approach for an expansive DSP workforce initiative. This activity remains under development, but current ideas being explored include:

- Marketing and outreach campaigns for recruiting DSPs.
- Partnering with high schools and community colleges to include DSP work as part of career exploration or to offer credits towards a DSP certification.
- Exploring statewide educational or certification standards for DSPs.
- Developing a career ladder.
- Engaging in stakeholder sessions to better understand other challenges or pain points and gain buy-in for initiatives being pursued.

At this time, the project is still under development; an estimated budget will be included in the next Quarterly Update. Once the activity has been further defined, a sustainability plan will be explored and any potential for additional federal match will be identified.

### **DSAMH DSP Recruitment and Retention Payments**

#### ***Quarterly Update for Q1 FFY 2024***

This activity has been delayed due to staffing resources. The staff person assigned to lead this project is no longer with DSAMH; while another staffing resource is identified, payments have been put on hold. Additional information will be provided in the next Quarterly Update to the HCBS Spending Plan narrative.

#### ***Quarterly Update for Q4 FFY 2023***

During the quarter ending March 31, 2023, DSAMH drafted a provider survey to estimate how many DSPs would be eligible for a payment with the current definition. A provider informational webinar session was held on March 31, 2023 to provide further information, and a frequently asked questions document was drafted for additional provider support. The total number of DSPs estimated to be eligible for a payment is 1,514. As this is an estimate based on provider survey responses received and projected for the total provider population, the estimated budget for this initiative is \$1,500,000, with no additional federal match planned, as the services provided by DSAMH are generally State-only funded. No payments will be made for any DSPs working in an institutional setting nor for any services provided inside of an institute of mental disease. The estimated number of DSPs and the projected eligibility for recruitment or retention payments is presented here:

	DSP Payment Amount <sup>1</sup>	Admin Cost %	DSAMH Estimated DSPs	DSAMH Sub-Total	DSAMH Admin Cost	DSAMH Total DSP Payment Costs
Estimated Number of DSPs that Qualify for Retention Payment	\$ 1,000	15%	454	\$ 454,000	\$ 68,100	\$ 522,100
Estimated Number of DSPs that Potentially Qualify for Recruitment Payment	\$ 1,000	15%	260	\$ 260,000	\$ 39,000	\$ 299,000
Total Estimated DSPs and Costs			714	\$ 714,000	\$ 107,100	\$ 821,100

	DSP Payment Amount <sup>1</sup>	Admin Cost %	DSAMH Estimated DSPs	DSAMH Sub-Total	DSAMH Admin Cost	DSAMH Total DSP Payment Costs
Estimated Number of DSPs that Qualify for Retention Payment	\$ 1,000	15%	500	\$ 500,000	\$ 75,000	\$ 575,000
Estimated Number of DSPs that Potentially Qualify for Recruitment Payment	\$ 1,000	15%	300	\$ 300,000	\$ 45,000	\$ 345,000
Total Estimated DSPs and Costs			800	\$ 800,000	\$ 120,000	\$ 920,000

### **Quarterly Update for Q3 FFY 2023**

Due to staffing resources, this activity has been delayed at this time.

The definition of qualifying DSPs has been finalized: DSPs and Peers working in BH programs are eligible for these payments. DSPs working in BH programs are defined as individuals employed by an agency who provide supervision, training, and/or hands-on assistance with activities of daily living and/or instrumental activities of daily living for BH clients within the context of the following services: personal care services and community-based residential alternatives such as MH group homes and crisis housing. Peers are defined as individuals who enhance the development of natural supports as well as coping and self-management skills. Peers provide person-centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing SUD and MH conditions, to include psychiatric symptoms. Peers facilitate the utilization of natural resources and the enhancement of recovery-oriented attitudes such as hope and self-efficacy and community living skills. Job titles that qualify for these payments are listed below:

- Residence/Site Worker/Residential Aides
- Certified Nursing Assistants (CNAs)
- Nursing Assistants
- Certified Recovery Peers
- Recovery Coaches
- Peers
- Personal Care Attendants
- BH Technicians
- Unlicensed Counselors

DSAMH anticipates additional staffing resources coming onboard to lead this task. Additional updates will be included in the Q4 FY 2023 Quarterly Update.

### **Activity Description**

Similar to two proposals already approved by CMS, DMMA is requesting CMS' consideration and approval of recruitment and retention payments made to DSPs serving members receiving BH and SUD services through DSAMH. These payments would ensure that unhealthy competition would not be

introduced across programs serving older adults and people with disabilities that are already struggling with a workforce shortage further exacerbated by the public health emergency.

The structure of the payments would be identical to those CMS approved for DMMA, DSAAPD, and DDDS: each DSP employed prior to April 30, 2021, who works with Medicaid members receiving HCBS more than 25 hours per week on average would be eligible for a one-time retention payment of \$1,000. Each DSP employed on or after May 1, 2021, working with Medicaid members receiving HCBS more than 25 hours per week on average would be considered a “new employee” and would be eligible for a one-time series of recruitment payments totaling \$1,000. The recruitment payments would be paid in three parts: \$500 paid at the completion of initial training and 90 days on the job; \$250 paid at the completion of six months on the job; and \$250 paid at the completion of one year on the job.

The definition for eligible job titles related to services provided through DSAMH is modified from the previously used definition to identify DSPs. Job titles included as eligible for payments are:

- Residence/Site Worker/Residential Aides
- CNAs
- Nursing Assistants
- Certified Recovery Peer/Recovery Coaches
- Peers
- Personal Care Attendants
- BH Technicians
- Unlicensed Counselors

DMMA will also include in the estimate a fee of 15% for provider agencies’ responsible for pushing these payments to the DSPs, to cover other employment costs such as Federal Insurance Contributions Act (FICA). This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the provider.

DMMA and DSAMH will partner to receive provider invoices for those DSPs who meet eligibility criteria for a recruitment or retention payment, with DSAMH making payments to the providers directly.

DSAMH is currently conducting a provider survey to estimate the number of DSPs who will be eligible for a payment. Once the survey is completed, an estimate of the total computable expenses and the State share to be funded with the enhanced FMAP will be updated in a future Quarterly Update.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended. The goal of these payments is to strengthen the HCBS workforce delivering important services to Medicaid beneficiaries.

### **Quarterly Update for Q1 FFY 2023**

DMMA proposes four additional activities to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

### **HCBS Innovation Pilot Grants**

#### ***Quarterly Update for Q1 FFY 2024***

DMMA continues to engage in technical support sessions with ADvancing States. The project remains slated for kick-off in July 2023. Additional information will be provided in the next Quarterly Update.

### ***Quarterly Update for Q4 FFY 2023***

While awaiting CMS approval on this activity, DMMA has engaged in technical support sessions with ADvancing States. The project is slated for kick-off in July 2023. DMMA also notes that, in order to support additional pilot projects and the evaluation, the budget for this activity has been increased to \$10,000,000. No additional match is anticipated.

### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval of this activity, DMMA has worked towards drafting the HCBS Pilot Grant application and operationalizing the process for accepting, reviewing, and evaluating proposals. This work is being done to ensure a quicker implementation once CMS has issued its approval.

In December 2022, DMMA was notified that the State was selected for an ARPA Phase Three technical assistance grant from ADvancing States to assist with the operationalizing of the HCBS Pilot Grant processes.

DMMA confirms that grants will be focused on innovative projects that enhance, expand, or strengthen HCBS as defined in Appendix B of SMDL-21-003; institutional providers will not be eligible for the grant funds. The innovative grant projects funded through this pilot will not be used to pay for room and board.

### ***Quarterly Update for Q2 FFY 2023***

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. The HCBS Innovation Pilot Grants are targeted towards Medicaid HCBS providers, advocacy organizations supporting members who receive Medicaid HCBS, provider associations supporting HCBS providers, or other entities related to the field of Medicaid provided HCBS. While applications may be received from any of these entities, DMMA will complete a comprehensive review of the pilot proposed to ensure that the proposed activity will be expanding, enhancing, or strengthening Medicaid HCBS ahead of providing any funding. The idea of these grants is to support small-scale projects that ultimately may be scaled up across the Medicaid HCBS delivery system. DMMA assures CMS that no room and board will be funded with these pilot grants.

Additionally, Delaware is making use of a technical assistance opportunity with ADvancing States to develop a strong evaluation strategy to determine whether each pilot project is scalable to the larger Medicaid program and is aligned with the HCBS goals for the State.

DMMA has not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the January 2023 update.

### ***Activity Description***

As part of the stakeholder sessions conducted throughout 2021 and 2022, DMMA received ideas from HCBS providers and participants that represented innovative ways to deliver services, identified a need that was under-resourced or not yet met in the delivery system. The HCBS Innovation Pilot Grants would support select providers, advocacy organizations, provider associations, and/or other entities related to the field of Medicaid-provided HCBS with financing the pilot and evaluation of the HCBS pilots. Grantees would share evaluation results with DMMA. Once DMMA has reviewed the results of each pilot, DMMA will determine if their activities should be integrated into the Medicaid program and will seek additional Medicaid authority and/or State budget appropriation, as appropriate, in order to replicate the pilot activities on a larger, statewide scale.



The target of this proposed activity would be HCBS providers or other community-based organizations, including advocacy organizations, provider associations, or other entities related to the field of Medicaid provided-HCBS. DMMA has identified four areas of the delivery system as a focus for the pilot grants:

1. Workforce retention
2. Support for family caregivers
3. Health-related social needs
4. Expanded access to independence-enhancing technologies

A grant application is currently being drafted. Once CMS approval to use HCBS enhanced FMAP funds is secured, the grant application will be released. Applications must include a description of how the pilot will be evaluated for effectiveness in improving the HCBS delivery system. Grant applications will be accepted on a rolling basis, with pilot activities reviewed and determined as approved or not approved. Providers will then receive funding to implement their ideas, with a timeframe for evaluation and reporting.

Once DMMA receives the required provider reporting, additional review and discussion will occur to determine if any of the pilots should be pursued under Medicaid authority and State budgetary allocation for statewide implementation.

This activity, as proposed, will not require additional Medicaid authority; the activity will not draw down additional federal financial participation (FFP). Should any of the pilot ideas be pursued and require Medicaid authority, the appropriate waiver or SPA will be submitted in order to draw down FFP.

The total expenditures for this activity are estimated to be \$5,000,000, with each pilot project funded up to \$250,000. Depending on the volume of proposals received and those innovation pilots that are funded, additional money may be requested in a future HCBS Spending Plan Quarterly Update. Any of the pilots funded as part of this proposal will have the potential to enhance or strengthen HCBS in Delaware.

## **Registered Behavioral Technician (RBT) Workforce Development**

### ***Quarterly Update for Q1 FFY 2024***

The RBT Training Program is up and operational. However, DDDS has not received any providers fully qualified to submit learners through the training yet. Specifically, a provider must sign an attestation that they have a Board-Certified Behavior Analyst (BCBA) on staff or on contract to provide clinical supervision to certified RBTs, which is a requirement of the certifying agency. Providers without current BCBA on staff are trying to connect with someone to provide this level of oversight and support.

To promote this program, the DDDS Director shared information about the RBT Training Program at the May Day and Residential Provider meetings and asked any interested providers to reach out directly for more information and the forms to get started. More information will be shared with provider agencies at the July 2023 Quarterly Provider Meeting.

### ***Quarterly Update for Q4 FFY 2023***

DDDS has continued to make progress with implementation of this activity. The curriculum has been developed and will be available online once DDDS submits the payment. DDDS also worked to develop additional criteria to support provider decisions about staff who should be submitted for participation in the RBT training program.

### **Quarterly Update for Q3 FFY 2023**

While awaiting CMS approval for this activity, DDDS has continued to work towards implementation. During this quarter, a draft provider MOU, invoice, and provider attestation were developed; these documents are now pending DDDS Leadership review. Once the MOU and attachments are approved, DDDS will begin working with interested providers to review and sign the MOU and to identify DSP candidates for participation in the RBT training program.

### **Quarterly Update for Q2 FFY 2023**

DDDS has not pursued any additional activities toward implementation as this activity remains under CMS review.

### **Activity Description**

Starting in 2020 and extending into 2021, DDDS worked with a group of DDDS HCBS providers with expertise in supporting individuals with IDD and a co-occurring BH or MH diagnosis. Through this workgroup, it was recommended that individuals with a dual diagnosis of IDD and BH/MH receive direct supports from a DSP who is certified in behavior analysis as an RBT. The addition of this level of expertise among DSPs working with individuals with IDD and BH/MH is expected to reduce negative outcomes such as emergency crisis intervention, hospitalization, and emergency calls for law enforcement. DDDS has proposed an amendment to the 1915(c) Lifespan Waiver to include direct support services provided by a DSP who has been certified as an RBT to residential habilitation, supported employment, day habilitation, and pre-vocational services. The target effective date for this amendment is July 1, 2022.

However, creating this path is only the beginning. DDDS proposes to jump start the development of this new career path for DSPs by offering a robust opportunity to train and support DSPs to obtain RBT certification. Through this proposal, DDDS aims to offer financial support for up to 100 DSPs to engage in formal training and become certified as an RBT each year for the next three years: 2022, 2023, and 2024. The proposed financial support includes:

- The cost of the training program: \$45/person
- Employee time to participate in the program: \$813–\$1,086/person
- Exam cost: \$45/person
- Application Fee: \$50/person
- Annual Recertification: \$35/person

The total estimated expenditures for this activity is \$100,220 for the first year, \$103,720 for the second year, and \$107,220 for the third year; the total over the course of the three years is \$311,160. DMMA does not plan to request additional matching funds, with the entirety of this proposal being funded by the enhanced FMAP dollars available.

At the end of the three years, it is projected that DDDS will have trained up to 300 DSPs and have a substantial workforce of DSPs with the skills to support people with IDD who have a co-occurring BH/MH condition.

This is a time-limited proposal and will not require a sustainability plan. This activity will strengthen HCBS by increasing the number of DSPs qualified to provide service to individuals with IDD and a co-occurring BH/MH condition.

## **Co-Occurring Gap Analysis**

### ***Quarterly Update for Q1 FFY 2024***

DDDS confirms that the gap analysis continues, with almost all of the required data collected. The final report is due for submission on July 17, 2023; a meeting to go over the preliminary results and conclusions will be held the week of July 3, 2023. Additional information on project completion will be provided in the next Quarterly Update.

### ***Quarterly Update for Q4 FFY 2023***

DDDS confirms that the gap analysis is currently underway with the vendors indicated for each piece of this project. The final report is due in July 2023, the results of which will inform the scope of any pilot projects that may be proposed in a future Quarterly Update to the HCBS Spending Plan.

### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS has secured a contract with both vendors that will complete this work to conduct and manage the statewide assessment and to facilitate the final report delivery. The team held its statewide stakeholder engagement meeting on December 2, 2022. The team is currently preparing for the distribution of a system-wide survey in early 2023. A final stakeholder meeting is tentatively scheduled for late March 2023 to deliver the findings and full report.

### ***Quarterly Update for Q2 FFY 2023***

DDDS has not pursued any additional activities toward implementation as this activity remains under CMS review.

### ***Activity Description***

DMMA proposes using enhanced FMAP funds to support a co-occurring gap analysis to be conducted within Delaware's HCBS delivery system. The Service System Analysis is designed to assess the effectiveness of an area's community system of care in addressing the needs of individuals with IDD and co-occurring MH conditions. The system analysis will provide a summary of available resources and strengths as well as challenges to supporting individuals with IDD and MH conditions and their families in the community. A vendor will work with a task force of Delaware stakeholders in collaboration with DDDS to identify relevant organizations or groups to participate in focus groups or otherwise contribute information about gaps in the system, coordinate focus groups, identify family participants for phone interviews, and review the final report. Data will be collected on the existing delivery system, including a survey distributed to gather input on service experience and needs; a Medicaid claims data review; and an onsite meeting with stakeholders and the established task force to discuss the existing system. Once findings and recommendations have been drafted, there will be a second onsite meeting to facilitate a Strategic Planning session. A final report will be published within 30 days of the second meeting.

The total estimated expenditure for this activity is \$88,991, with an administrative match anticipated. The State's share to be funded by the enhanced FMAP available is estimated at \$44,496.

This activity is proposed for one-time funding, with no sustainability plan required. This activity will strengthen HCBS in Delaware by identifying service gaps impacting individuals with IDD and a co-occurring MH condition and recommendations for improving services.

## **Assessment of Deaf and Hard of Hearing Residents**

### ***Quarterly Update for Q1 FFY 2024***

DDDS has a meeting scheduled with the vendor in July 2023 to kick off the project. Letters are being sent to participants and their guardians to solicit their participation. DDDS is also planning a meeting with the Residential and Behavior Analysis providers that serve deaf service recipients to provide an overview of the project and what to expect as the project gets underway.

### ***Quarterly Update for Q4 FFY 2023***

DDDS continues to work with the vendor to determine the timeline for this work, as there have been some delays on project initiation on the vendor's end. Additional updates will be provided in the Q1 FFY 2024 Quarterly Update.

### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS completed a fully executed contract with a detailed scope of work. DDDS is working with the vendor to determine the timeline for this work.

### ***Quarterly Update for Q2 FFY 2023***

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. DMMA confirms that the assessments of deaf and hard of hearing residents will not result in a reduction in eligibility or covered benefits compared to those in place as of April 1, 2021. Instead, these assessments will ensure that the supports in place for these members, including the behavior support plans, are the most meaningful and impactful for the member's quality of care.

DDDS has not pursued any additional activities toward implementation as this activity remains under CMS review.

### ***Activity Description***

DMMA proposes to contract with a vendor to complete an assessment for 25 deaf individuals with IDD, all of whom live in residential settings in the community. These assessments will focus on the Behavioral Support Plans (BSP) in place for these individuals to ascertain that the behaviors indicated in the BSP are attributable to behavioral support needs and not to a lack of knowledge of specific communication needs or cultural adaptations required of each individual. This work will require a review of each BSP, a review of the clinical and residential records, an assessment of each individual and consultation with support staff, family members, and other collateral contacts. A written assessment and recommendations will be provided for each individual.

The total estimated expenditures for this activity is \$30,000 with no additional match anticipated. The full \$30,000 will be funded through the enhanced FMAP dollars available. This is a time-limited activity and will not require a sustainability plan. The activity strengthens HCBS in Delaware for the identified population, ensuring that the services these individuals receive are appropriate and sufficient to support positive outcomes.

### ***Quarterly Update for April 2022***

DMMA proposes three additional activities to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

## **SUD Provider Rate Increase — Phase 1 Complete**

### ***Quarterly Update for Q1 FFY 2024***

SUD rate increase implementation for Phase One is now complete. The rate increase will be paid for all services provided through June 30, 2023. Additional financial information will be provided as the financial analysis is complete.

### ***Quarterly Update for Q4 FFY 2023***

SUD rate changes were implemented, effective January 1, 2023. During this quarter ending March 31, 2023, there were also additional provider communications, including an announcement on the DMMA website, to apprise providers and other stakeholders of the rate changes.

### ***Quarterly Update for Q3 FFY 2023***

Since the most recent Quarterly Update, DMMA finalized the proposed SUD provider payment rate increases based on stakeholder feedback after draft rates were released for public comment. DMMA's contracted actuarial team finalized the MCO capitation rate development for CY 2023, which included the finalized SUD payment rates. DMMA plans to institute the proposed rate changes within the Medicaid FFS program and will raise the MCOs' capitation payments in alignment with these specific Medicaid FFS rate changes; however, DMMA will not mandate how the MCOs subsequently pay providers. DMMA will continue to monitor the MCOs to assess how or if their payments to providers change in relation to the FFS rate changes. Since October 24, 2022, DMMA has held ongoing weekly meetings with the vendor managing the Delaware Medicaid Enterprise System (DMES). The purpose of these meetings is to institute system changes necessary to implement the rate changes in DMES starting January 1, 2023.

### ***Quarterly Update for Q2 FFY 2023***

DMMA has completed public notice for the proposed SUD provider rate increases, from September 1, 2022 through September 15, 2022. The rate increases as proposed will be effective January 1, 2023. Additional operational pieces will be completed in systems in the upcoming quarter to ensure implementation is on schedule.

### ***Quarterly Update for Q1 FFY 2023***

While awaiting CMS approval, DMMA has continued work with actuarial support on fine-tuning these rate increases. The enhanced FMAP dollars available will support these rate increases from January 1, 2023 to June 30, 2023, allowing the rate increases to flow to the providers six months earlier, while the State awaits legislative budget appropriations to sustain this match, anticipated for a July 1, 2023 start date.

Public notice has been delayed, but the rate updates will be posted in the State Register as a best practice for the month of August 2022. Rates will then receive final review in response to the public comments. No money has been spent to implement this activity yet, as it has a January 1, 2023 start date.

### ***Activity Description***

DSAMH is currently planning a rate increase for SUD providers across levels of care. For the purposes of the rate increase that will be funded with the enhanced FMAP dollars, these increases are targeted at providers of services listed in Appendix B of the SMDL #21-003 who are not providing services in

institutions of mental disease. Specifically, the SUD providers targeted for these rate increases provide services covered under the rehabilitative services benefit in the State Plan, including residential treatment (not provided in an institution for mental disease), partial hospitalization, intensive outpatient treatment, medication assisted treatment initiated in emergency departments, and outpatient counseling and other services.

The rates will be increased effective January 1, 2023. The rate methodology as described in the State Plan will not require an amendment, nor will this require a directed payment preprint. The State is currently working towards including these rate increases in future legislative appropriations in order to sustain them.

The rate increases will be discussed at an upcoming stakeholder session held with impacted providers on April 20, 2022. Following this session, the rates will be made available for public notice from June 1, 2022 to June 30, 2022 as a best practice.

The total expenditures for this activity is estimated to be \$2,000,000, with the State share funded through the enhanced FMAP dollars to be approximately \$830,200 after seeking Medicaid match for these services.

### **SDAC and Self-Directed Respite DSP Retention Payments**

#### ***Quarterly Update for Q1 FFY 2024***

DMMA confirms that the MCOs have made additional payments in the quarter ending June 30, 2023. One MCO has made recruitment payments to three DSPs and retention payments to 142 SDAC DSPs. This quarter, a total of \$166,750 has been spent on this activity.

#### ***Quarterly Update for Q4 FFY 2023***

DMMA confirms that the MCOs have made additional payments in the quarter ending March 31, 2023. One MCO has made retention payments to a total of 270 SDAC DSPs. This quarter, a total of \$310,500 has been spent on this activity.

DMMA continues to work with MCOs and providers to ensure that invoices are submitted for payments and MCOs pay on these invoices. DMMA has completed an analysis of the provider agencies that have not yet submitted invoices and is working on next steps to encourage provider participation.

#### ***Quarterly Update for Q3 FFY 2023***

DMMA confirms that the MCOs have made payments in this quarter. One MCO has made retention to a total of 444 SDAC DSPs. This quarter, a total of \$510,600 has been spent on this activity.

DMMA will continue to work with MCOs and providers to ensure that invoices are submitted for payments and MCOs pay on these invoices. DMMA will also continue to coordinate with DSAAPD and DDDS to ensure no duplication of payments to a DSP.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA has provided guidance to the MCOs and to the financial management services agencies to promote implementation of this activity. The MCOs completed trainings to providers and the financial management services agencies in late August 2022, anticipating that the first invoices requesting payment for eligible SDAC and self-directed respite DSPs would be submitted in September 2022. As defined in the payment process, the first payments are expected to be sent to providers by the end of

September 2022. A more detailed report, including financial details of the amounts invoiced by providers and paid by MCOs will be available for the Q3 FFY 2023 update due in January 2023.

### ***Quarterly Update for Q1 FFY 2023***

While this proposal remains under CMS review, DMMA has worked to operationalize how these payments will flow from the MCOs to the financial management service agencies to the SDAC DSPs. This includes additional education sessions with the MCOs and updating process documents to include all relevant definitions and descriptions for the retention payments to the SDAC DSPs. DMMA continues to work on drafting a directed payment preprint specific to these provider types, with the intent to submit by the end of July 2022. Currently, no money has been spent towards implementation.

### ***Activity Description***

Similar to a proposal already approved by CMS, DMMA is requesting CMS consideration and approval of retention payments made to DSPs serving members enrolled in SDAC or self-directed respite care available under the 1115 authority for DSHP Plus, 1915(c) authority for participants with IDD in the Lifespan Waiver, or State Plan authority for participants with IDD receiving services in the Pathways Program. These payments would ensure that unhealthy competition would not be introduced across programs serving older adults and people with disabilities that are already struggling with a workforce shortage further exacerbated by the public health emergency. This initiative was originally proposed in the October 2021 Quarterly Update for DDDS DSPs and has received approval.

The structure of the payments would be similar to the retention payments CMS approved for DDDS. Each SDAC DSP employed prior to April 30, 2021, who provides attendant care consistently to Medicaid members receiving HCBS and is still working within the program is eligible for the retention payment. For those DSPs who provide respite, self-directed respite services must have been provided at least four times from April 30, 2021 through the present to be eligible for a retention payment.

Following a survey of the financial management services entities, there are 2,900 SDAC DSPs estimated to be eligible for a retention payment.

DMMA has also included in the estimate a fee of 15% for fiscal management services entities' responsible for pushing these payments to the DSPs, to cover other employment costs such as FICA. This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the financial management services entity.

Once the activity has been approved through the Spending Plan, DMMA will submit a Disaster Relief 1115 amendment to secure immediate or retroactive Medicaid authority for these payments, with a directed payment preprint to be submitted shortly thereafter. Additionally, an Appendix K and Disaster SPA will be submitted to cover those attendants providing services under 1915(c) and State Plan authorities. Due to the one-time nature of these payments, permanent authority will likely not be needed.

The total estimated expenditures for this activity is \$3,400,000, with FFP planned. The total State share funded by the enhanced FMAP dollars is estimated to be \$1,411,340.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended. The goal of these payments is to strengthen the HCBS workforce delivering important services to Medicaid beneficiaries.

## **DDDS DSP Recruitment Workshop — Activity Complete**

### ***Quarterly Update for Q4 FFY 2023***

DDDS has completed all scheduled DSP recruitment workshops as of February 2023. Participants in the workshop continued to provide high ratings as part of the post-workshop survey (seven or higher on a scale of 10). Participants noted helpful feedback on improving job postings to make them more impactful for purposes of recruitment.

### ***Quarterly Update for Q3 FFY 2023***

DDDS has continued with recruitment workshops through December 2022, with two additional workshops each month scheduled for January 2023 and February 2023. DDDS notes that this effort is approximately 50% complete and provider agencies are beginning to report results.

One provider agency noted that between two of the workshops, the agency hired 13 new DSPs after implementing some of the workshop recommendations; another provider agency noted receiving increased numbers of applications for open positions (180 applications submitted in a week) by changing their advertisement language. Other providers are providing survey feedback to note that the tips and examples provided in the workshop are relevant and useful, the impact of texting to communicate during the application and interview process, and ideas to prevent applicant ghosting. The workshops continue to be highly rated, with a total of 10 organizations providing a rating, six of them rating the workshops a nine or 10 on a scale of 1–10, with 10 being the highest rating.

### ***Quarterly Update for Q2 FFY 2023***

DDDS has scheduled two additional recruitment workshops each month from September 2022 through February 2023, for a total of 12 additional workshops. Ten provider organizations are participating in the series.

DDDS also received feedback on the first series of workshops. A total of 10 workshop assessments were completed, with nine assessments rating the workshops as a 9 or a 10 on a scale of 10. Narrative feedback provided information on what participants found to be valuable takeaways, including the use of referral incentives, ideas for making it easier to apply for open positions, problem-solving interviews, and the focus on qualities of staff that make them a good match for the work.

Additional information will be provided in the Q3 FFY 2023 update due in January 2023.

### ***Quarterly Update for Q1 FFY 2023***

Since April 2022, a total of three DSP Recruitment Workshops have been held. The first in April 2022 had 100% participation of provider agencies who employ DSPs, while attendance decreased in May 2022 and June 2022. There are a total of three additional workshops scheduled, but these have been pushed back to September 2022 in the hopes of increasing attendance after the summer is over. By September 2022, a permanent rate increase will also be in place, and the State should be beyond a COVID-19 surge that is currently impacting gatherings this summer. DDDS believes that this combination will improve attendance for the last three sessions.



### ***Activity Description***

In support of workforce recruitment efforts, DMMA proposes to use the enhanced FMAP funds to partner with two vendors for a series of six-part recruitment workshops. The workshops will cover topics such as improving and standardizing DSP training, drawing more qualified people to a DSP job posting, techniques for retention, and building a DSP talent pipeline. The workshops would be open to all DDDS contracted service providers of day or residential services and include a help session following each workshop to assist with things such as, improving job posting language and providing feedback on hiring processes specific to a provider agency. The goal of this series of workshops would be to improve DSP recruitment and retention strategies used in provider agencies serving participants who are receiving HCBS.

The total expenditures for this activity is estimated to be \$48,000, with no additional federal match planned. This is a one-time use of funds and will not require a sustainability plan.

### **No Wrong Door (NWD) Information Technology Upgrade**

#### ***Quarterly Update for Q1 FFY 2024***

DSAAPD is currently working with ADvancing States and HCBS Strategies to implement the InterRAI-Home Care (HC) beginning this quarter. DSAAPD will leverage this funding to integrate the InterRAI process with the home-delivered meals brief screening, as well as continued work with interfacing capabilities in Delaware 211. Both of these elements will be implemented in the next two quarters within the Delaware Aging and Disability Resource Center (ADRC) and NWD systems.

#### ***Quarterly Update for Q4 FFY 2023***

DSAAPD is currently receiving technical support from ADvancing States to identify opportunities for improving processes and technology to support NWD activities. Additionally, DMMA has determined that they will not seek administrative match for these activities, as NWD activities in Delaware have historically not pursued this match. As a result, the full \$250,000 will be paid out of the available HCBS Spending Plan funds.

#### ***Quarterly Update for Q3 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

#### ***Quarterly Update for Q1 FFY 2023***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the October 2022 update.

#### ***Quarterly Update for April 2022***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the July 2022 update.

### ***Activity Description***

DSAAPD is currently engaging in an initiative to strengthen their network of ADRCs. Nationally, strong ADRCs are person-centered, accessible, and empower and connect people served with the right private and public services that help to maintain dignity, improve quality of life, and optimize independence. Core ADRC services include streamlined access to information and resources, options counseling, short-term case management, and benefits enrollment support across the spectrum of LTSS.

In support of this activity, DSAAPD plans enhancements to its ADRC to create an NWD IT infrastructure. The transition to NWD will require enhanced IT adaptations to properly support all key functions. DSAAPD will fund enhancements to the IT infrastructure that focus on interoperability with DMMA and other health/human services programs, improved case management functionality, and better data tracking and analysis capacity. DSAAPD intends to initiate a procurement for the agency's IT system in the next 12 months. The NWD system will be integrated as a component of the new IT system. Spending Plan funding will only be used for the components/modules of the system directly related to the ADRC/NWD functionality.

The total computable cost of this effort is \$250,000, with the State seeking administrative match, making the State share \$125,000, funded by the Spending Plan. This is a one-time investment in infrastructure and will not require ongoing funding to sustain. The goal of improving the NWD IT is to expand and enhance information sharing regarding HCBS opportunities and to improve access to care.

### **Support for Local Contact Agencies (LCAs)**

#### ***Quarterly Update for Q1 FFY 2024***

Expected training and engagement with the Delaware Centers for Independent Living (CILs) should begin in the quarter from October 2023 to December 2023. Additional information will be provided with the next Quarterly Update to the HCBS Spending Plan.

#### ***Quarterly Update for Q4 FFY 2023***

DSAAPD continues to work with CILs on the LCA designation move. The CILs are working on complex case coordination for those members with high levels of need. DSAAPD is working to develop an advisory board to identify individuals statewide who do not fit into a clear category of need.

#### ***Quarterly Update for Q3 FFY 2023***

DSAAPD is currently working with the CILs to strategically plan the LCA designation move. This includes developing a training planning connecting the CILs with opportunities that will support them in becoming LCAs. DSAAPD is helping the CILs in completing data use agreements between them and CMS. In addition, DSAAPD is facilitating additional training, conducted by the Division of Health Care Quality, on the Minimum Data Set (MDS) 3.0 Survey.

#### ***Quarterly Update for Q2 FFY 2023***

DSAAPD is engaged with Freedom Center for Independent Living to define the technical assistance and other supports they will need with this funding. The scope of work and budget continues to be negotiated, with a full draft to be completed by the end of December 2022. Additional work is occurring with Independent Resources, Inc., which is the statewide CIL, to support this work on a statewide basis.

### ***Quarterly Update for Q1 FFY 2023***

DSAAPD reports continued outreach to CILs, in order to increase the number of entities to which this work is delegated. Additional planning meetings with DMMA have been scheduled to help with maintaining momentum for implementation.

### ***Quarterly Update for April 2022***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the July 2022 update.

### ***Activity Description***

Under the code of federal regulations 42 CFR 483.20, NFs that participate in the Medicare or Medicaid programs must complete the MDS assessment for all residents admitted to the facility, including Section Q, which relates to possible transition to a community setting.

Nursing homes are required to make a referral to the designated LCA for any resident who, in response to the MDS questions, indicates that he/she wishes to talk to someone about returning to the community. Providing residents with information about care options and supports that are available to meet their preferences and needs helps to ensure these residents have access to the least restrictive setting appropriate for them.

Currently, DHSS has designated the ADRC within DSAAPD as the LCA for Delaware. DSAAPD proposes to delegate these functions to Delaware's two CILs. Funding will be used to strengthen operations, hire necessary staff and/or obtain contractual help, and engage in strategic planning to outline the process for CILs to serve as the LCA for MDS options counseling.

The total computable cost for this effort is \$400,000, with no further federal match planned. Once the LCAs are stood up, funding will be sustained through annual Department appropriations. The goal of this activity is to expand and enhance access to HCBS.

### **Education, Marketing, and Outreach on HCBS and Delaware's NWD**

#### ***Quarterly Update for Q1 FFY 2024***

DSAAPD will begin expenditures in late September 2023 and through the next quarter to offer outreach and communication strategies to inform Delawareans of the NWD system and clarify policy changes directed towards cost sharing and leveraging Medicaid LTSS for those that are eligible. DSAAPD is engaging with media companies on contract with DHSS to quickly launch this communication campaign as the InterRAI is implemented and the new policies around cost sharing are implemented.

#### ***Quarterly Update for Q4 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

#### ***Quarterly Update for Q3 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

### ***Quarterly Update for Q2 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

### ***Quarterly Update for Q1 FFY 2023***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the October 2022 update.

### ***Quarterly Update for April 2022***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the July 2022 update.

### ***Activity Description***

Delaware intends to develop a one-time investment in a comprehensive education, marketing, and outreach campaign aimed at educating the general public about HCBS options available throughout the State. This campaign will include the branding and promotion of the State's ADRC as the NWD entry point for HCBS. This initiative will include the development of a comprehensive marketing and communication plan, outreach materials, and website development.

The total computable cost for this effort is \$200,000, with no further federal match planned. The goal of this activity is to expand and enhance access to HCBS.

### **DSHP, DSHP Plus, and DSAAPD Support Professionals Recruitment/Retention Payments**

#### ***Quarterly Update for Q1 FFY 2024***

##### DSHP and DSHP Plus DSPs:

The two participating MCOs continue to make payments to DSPs meeting the eligibility criteria for recruitment or retention payments. DMMA continues to work with MCOs and providers to ensure that invoices are submitted for payments and that MCOs pay on these invoices. DMMA has identified that significantly fewer provider agencies have submitted invoices for these payments than originally anticipated and budgeted. DMMA notes that this follows the same pattern as experienced by other states; DMMA will encourage the MCOs to continue to attempt to engage provider agencies before ending these payments for DSPs meeting criteria on or before June 30, 2023.

##### DSAAPD DSPs:

DSAAPD and DMMA have worked together to ensure that money is made available to complete the payments to the DSAAPD DSPs identified to meet the eligibility criteria. No other invoices have been submitted for the quarter ending June 30, 2023. Payments are scheduled to end on June 30, 2023; however, DSAAPD continues to work on reconciling payments made through the quarter ending September 30, 2023.

#### ***Quarterly Update for Q4 FFY 2023***

For the purposes of financial tracking, this activity will be reported on in two parts:

### DSHP and DSHP Plus DSPs:

DMMA reviewed the payments that the two participating MCOs have made in the quarter ending March 31, 2023. A total of \$167,900 has been spent on this activity this quarter.

One MCO has made recruitment payments to 52 DSPs and retention payments to a total of 17 DSPs. The other MCO has made recruitment payments to 54 DSPs and retention payments to 23 DSPs. DMMA continues to work with MCOs and providers to ensure that invoices are submitted for payments and MCOs pay on these invoices. DMMA has completed an analysis of the provider agencies that have not yet submitted invoices and is working on next steps to encourage provider participation.

### DSAAPD DSPs:

DSAAPD has accepted invoices for recruitment and retention payments for their DSPs, totaling approximately \$80,000. However, no payments have been made at this time, as DSAAPD was not able to complete these payments within their current operational budget. DMMA recently drew down the first amount of enhanced HCBS FMAP funds available; the payment process has also been finalized. Additional information about these payments will be provided in the Quarterly Update to the HCBS Spending Plan Narrative in July 2023.

### ***Quarterly Update for Q3 FFY 2023***

DMMA reviewed the payments that the two participating MCOs have made this quarter, and is able to confirm 781 payments have been made by the MCOs. One MCO has made recruitment payments to 59 DSPs and retention payments to a total of 52 DSPs; the other MCO has made recruitment payments to 87 DSPs and retention payments to 139 DSPs.

DSAAPD continues to work on operationalizing these payments to providers.

This quarter, a total of \$387,550 has been spent on this activity.

DSAAPD has received its first invoices from Personal Attendant Service providers and will submit them to its Fiscal Department by the end of the CY for payment. Workshops will be scheduled for January 2023/February 2023 for Personal Care providers. Impact for payments is expected to be minimal as most DSPs are covered by an MCO through the provider.

DMMA will continue to work with the participating MCOs and eligible providers to ensure invoices are submitted for payment and MCOs are processing these invoices. DMMA will also continue to coordinate with DSAAPD and DDDS to ensure no duplicate payments are made to DSPs.

### ***Quarterly Update for Q2 FFY 2023***

DMMA has provided guidance to the MCOs to promote implementation of this activity. The MCOs completed trainings to providers and the financial management services agencies in late August 2022, anticipating that the first invoices requesting payment for eligible DSPs would be submitted in September 2022. As defined in the payment process, the first payments are expected to be sent to providers by the end of September 2022. A more detailed report, including financial details of the amounts invoiced by providers and paid by MCOs will be available for the Q3 FFY 2023 update due in January 2023.

### ***Quarterly Update for Q1 FFY 2023***

DMMA and their contracted MCOs have finalized the process for making payments to DSPs providing services to members in DSHP or DSHP Plus. The MCOs are coordinating with each other to train provider

agencies for submitting invoices and for making the payments. The directed payment preprint has also received CMS approval as of April 21, 2022. Payments are anticipated to be processed for providers beginning August 1, 2022, retroactive to April 2021.

### ***Quarterly Update for April 2022***

DMMA and their contracted MCOs have finalized the process for making payments to DSPs providing services to members in DSHP or DSHP Plus. DDDS and DSAAPD have been involved in the planning in order to help coordinate with the managed care plans to ensure that only one payment is made to each DSP.

Additionally, a directed payment preprint was submitted on April 13, 2022, to request appropriate Medicaid authority for making these payments, following technical assistance received from CMS.

### ***Activity Description***

Similar to a proposal already approved by CMS, DMMA is requesting CMS consideration and approval of recruitment and retention payments made to DSPs serving members in DSHP, DSHP Plus, or State only funded services through DSAAPD. These payments would ensure that unhealthy competition would not be introduced across programs serving older adults and people with disabilities that are already struggling with a workforce shortage further exacerbated by the public health emergency. This initiative from DDDS was proposed in the October 2021 Quarterly Update.

The structure of the payments would be identical to those CMS approved for DDDS: each DSP employed prior to April 30, 2021, who works with Medicaid members receiving HCBS more than 25 hours per week on average would be eligible for a one-time retention payment of \$1,000. Each DSP employed on or after May 1, 2021, working with Medicaid members receiving HCBS more than 25 hours per week on average would be considered a “new employee” and would be eligible for a one-time series of recruitment payments totaling \$1,000. The recruitment payments would be paid in three parts: \$500 paid at the completion of initial training and 90 days on the job; \$250 paid at the completion of six months on the job; and \$250 paid at the completion of one year on the job.

DMMA has also included in the estimate a fee of 15% for provider agencies’ responsible for pushing these payments to the DSPs, to cover other employment costs such as FICA. This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the provider.

DMMA has met twice with the State’s two Medicaid MCOs responsible for pushing the payments out to the provider agencies employing DSPs serving members enrolled in DSHP or DSHP Plus. These discussions focused on the MCOs’ role in making the payments to provider agencies, who would then provide the payments to the DSPs in their employ. This process would require the MCOs to communicate and coordinate with each other, DMMA, and other sister Divisions to ensure that a DSP only received one type of payment. The MCOs have recommended developing and implementing a training session for agency providers to apprise them of which DSPs are eligible for payments and of the process for making the actual payments. Because of this recommendation and the need for CMS approval, payments will likely start in the quarter ending March 31, 2022.

Once the activity has been approved through the Spending Plan, DMMA will submit a Disaster Relief 1115 amendment to secure immediate or retroactive Medicaid authority for these payments, with a permanent 1115 amendment, contract amendment, and rate certification to be submitted shortly thereafter.

The total computable cost of this effort is \$7,417,500, with FFP planned. The total State share is estimated to be \$2,676,234, paid for out of the Spending Plan, as detailed below in the table.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended. The goal of these payments is to strengthen the HCBS workforce delivering important services to Medicaid beneficiaries.

Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
<b>DMMA DSPs</b>					
Recruitment Payment	1,500	\$1,000 per DSP <ul style="list-style-type: none"> <li>• First \$500 would be paid after successful completion of all required initial training and successful completion of a minimum of 90 days on the job.</li> <li>• Remaining \$500 would be paid in two equal payments of \$250: one at six months on the job and the second at one year on the job.</li> </ul>	\$1,500,000	<ul style="list-style-type: none"> <li>• Provider agencies employing DSPs will submit a monthly invoice to the managed care plans.</li> <li>• The plans will provide the recruitment payments monthly to the provider agencies on a non-risk basis.</li> <li>• The plans are responsible for coordinating with each other and the various partner Divisions to ensure that no duplicate payments are made to the same DSP.</li> <li>• The plans will submit a quarterly invoice to DMMA to be reimbursement for making the payments.</li> <li>• Upon the end of the payment period, a post payment review will be completed.</li> </ul>	<ul style="list-style-type: none"> <li>• New DSPs are defined as not previously been employed as a DSP by any HCBS service provider within the last six months.</li> <li>• New DSPs employed to work a minimum of 25 hours a week on or after May 1, 2021, are eligible for this recruitment payment.</li> </ul>
Retention Payment	4,100	\$1,000 per DSP	\$4,100,000	<ul style="list-style-type: none"> <li>• Provider agencies employing DSPs will submit a monthly invoice to the managed care plans.</li> <li>• The plans will provide the retention payments monthly to the provider agencies on a non-risk basis.</li> <li>• The plans are responsible for coordinating with each other and the various partner</li> </ul>	<ul style="list-style-type: none"> <li>• Each DSP employed prior to April 30, 2021, who was employed to work a minimum of 25 hours per week would receive a \$1,000 retention payment.</li> </ul>



Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
				Divisions to ensure that no duplicate payments are made to the same DSP. <ul style="list-style-type: none"> <li>The plans will submit a quarterly invoice to DMMA to be reimbursement for making the payments.</li> <li>Upon the end of the payment period, a post payment review will be completed.</li> </ul>	
Other Employment Costs	5,600	\$150 per DSP (15% of \$1,000)	\$840,000	<ul style="list-style-type: none"> <li>15% to be added to each payment dispersed.</li> </ul>	<ul style="list-style-type: none"> <li>Such a fee ensures that the full \$1,000 reaches the DSP.</li> </ul>
<b>DSAAPD DSPs</b>					
Recruitment Payment	100	\$1,000 per DSP <ul style="list-style-type: none"> <li>First \$500 would be paid after successful completion of all required initial training and successful completion of a minimum of 90 days on the job.</li> <li>Remaining \$500 would be paid in two equal payments of \$250: one at six months on the job and the second at one year on the job.</li> </ul>	\$100,000	DSAAPD HCBS providers will pay their eligible employees the payments and will seek reimbursement from DSAAPD. Providers will submit a monthly invoice including: <ul style="list-style-type: none"> <li>Employee name</li> <li>Employee date of birth</li> <li>Effective date employment</li> <li>Average number of hours worked per week</li> <li>Confirmation that the employee has completed required training</li> </ul>	<ul style="list-style-type: none"> <li>New DSPs are defined as not previously been employed as a DSP by any HCBS service provider within the last six months.</li> <li>New DSPs employed to work a minimum of 25 hours a week on or after May 1, 2021, are eligible for this recruitment payment.</li> </ul>

Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
Retention Payment	750	\$1,000 per DSP	\$750,000	<p>DSAAPD HCBS providers will pay their eligible employees the payment and will seek reimbursement from DSAAPD. Providers will submit a single invoice including:</p> <ul style="list-style-type: none"> <li>• Employee name</li> <li>• Employee date of birth</li> <li>• Effective date employment</li> <li>• Average number of hours worked per week</li> </ul>	<ul style="list-style-type: none"> <li>• Each DSP employed prior to April 30, 2021 who was employed to work a minimum of 25 hours per week would receive a \$1000 retention payment.</li> </ul>
Other Employment Costs	850	\$150 per DSP (15% of \$1,000)	\$127,500	<ul style="list-style-type: none"> <li>• 15% to be added to each payment dispersed.</li> </ul>	<ul style="list-style-type: none"> <li>• Such a fee ensures that the full \$1,000 reaches the DSP.</li> </ul>
<b>Total</b>	<b>6,450</b>		<b>\$7,417,500</b>		

## **DDDS Direct Support Professionals Recruitment/Retention Payments**

### ***Quarterly Update for Q1 FFY 2024***

DDDS continued to refine payment data and financial tracking of provider invoices. To date, a total of \$1,676,192.50 has been paid out to providers for recruitment and retention payments, with \$337,937.50 in recruitment payments and \$1,338,255 in retention payments.

In the quarter ending June 30, 2023, a total of \$4,475 was paid out for recruitment payments only. This activity concluded on June 30, 2023, and DDDS is working to process any remaining provider invoices for the activity period.

Additionally, DMMA has determined that Medicaid service match will not be requested for these payments. As internal financial reporting was completed to DMMA, information identifying a DSP as providing Medicaid services or providing State-funded services was not readily available. DMMA has amended the Activity Table earlier in the report to reflect that no match is anticipated for these payments. Additional information and a final summary will be provided for this activity during the Quarterly Update to the HCBS Spending Plan due in October 2023.

### ***Quarterly Update for Q4 FFY 2023***

DDDS payment data continues to be refined. After additional review of the financial reporting, a total of \$229,000 has been paid out to providers in recruitment payments, and \$901,000 has been paid out to providers in retention payments to date. This is an edit from the total amount of payments made through the previous quarter.

In the quarter ending March 31, 2023, a total of \$82,812 was paid out to DSPs. A total of \$43,425 was made in recruitment payments and \$39,387 was made in retention payments. DDDS continues to partner with other Divisions in sharing information on providers and individual DSPs already paid, to prevent duplication of payments.

### ***Quarterly Update for Q3 FFY 2023***

DDDS has made additional payments to DSPs for recruitment and retention while awaiting the State accounts processing to be finalized.

To date, a total of \$354,200 has been paid out to providers in recruitment payments, and \$1,236,250 has been paid out to providers in retention payments. DDDS has made recruitment payments to a total of 308 DSPs and retention payments to a total of 1,075 DSPs. DDDS continues to partner with other Divisions in sharing information on providers and individual DSPs already paid, to prevent duplication of payments.

### ***Quarterly Update for Q2 FFY 2023***

DDDS has made additional payments to DSPs for recruitment and retention while awaiting the State accounts processing to be finalized.

To date, a total of \$257,825 has been paid out to providers in recruitment payments, and \$458,250 has been paid out to providers in retention payments. DDDS continues to partner with other Divisions in sharing information on providers and individual DSPs already paid, to prevent duplication of payments.

### ***Quarterly Update for Q1 FFY 2023***

No payments have been made since the update in April 2022. Additional payments to DSPs will be made once State account processing related to enhanced funds is finalized.

### ***Quarterly Update for April 2022***

An Appendix K amendment was submitted for the Lifespan Waiver in order to effectuate Medicaid authority for the recruitment and retention payments made to DSPs serving waiver participants.

As of March 10, 2022, a total of 130 recruitment payments, totaling \$74,250, have been made. DDDS continues to work with providers to encourage submission of the invoices to initiate these payments as well as operationalize how retention payments will be rolled out. DDDS continues to coordinate and collaborate with DMMA, DSAAPD, and the MCOs in order to operationalize a process intended to ensure that there is no duplication of payments to a single DSP.

### ***Quarterly Update for January 2022***

The table below has been edited to increase the number of DSPs to be targeted for recruitment efforts to 1,000 to be hired, with the total computable costs and the DDDS has drafted an MOU with the provider agencies in order to operationalize the recruitment and retention payments to DSPs receiving DDDS-funded services. The MOU has been cleared through DDDS' legal department and will be executed, in order to ensure that provider agencies receiving the payment will pass the payments onto the intended DSP.

DDDS has also participated in cross-division meetings to discuss coordination across the Divisions and the MCOs as payments are made to DSPs who may serve more than one member, with members receiving services under different programs or Divisions, to ensure that each DSP is only receiving one type of payment in total.

DDDS has also included in the estimate, a fee of 15%, for provider agencies' responsible for pushing these payments to the DSPs to cover other employment costs such as FICA. This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the provider.

DDDS will pursue authority for these payments under the Appendix K. After submission of the Appendix K, DDDS will follow-up with a SPA to amend rate methodologies in the Pathways Program approved under 1915(i) authority, and a 1915(c) waiver amendment to amend the rate methodologies in the Lifespan Waiver.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended.

### ***Activity Description***

The State's top Spending Plan priority is the payment of recruitment and retention payments to DSPs. Delaware will make targeted payments to recruit and retain DSPs who are the critical infrastructure of our human services support system. Investing in the DSP workforce is the first step towards strengthening and expanding our system as a whole.

To promote equity and reduce competition among providers within the delivery system, these investments will be used to support DSPs operating across the entire network of HCBS services. The roll

out of these payments will be phased, with payments available to DSPs supporting Delawareans with IDD first and payments to DSPs supporting DSHP and DSHP Plus members later.

DDDS will target recruitment and retention payments to DSPs who provide day and residential habilitation services.

Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
Recruitment Payment	1,000	\$1,000 per DSP <ul style="list-style-type: none"> <li>First \$500 would be paid after successful completion of all required initial training and successful completion of a minimum of 90 days on the job.</li> <li>Remaining \$500 would be paid in two equal payments of \$250: one at six months on the job and the second at one year on the job.</li> </ul>	\$1,000,000	DDDS HCBS providers will pay their eligible employees the payments and will seek reimbursement from DDDS. Providers will submit a monthly invoice including: <ul style="list-style-type: none"> <li>Employee name</li> <li>Employee date of birth</li> <li>Effective date employment</li> <li>Average number of hours worked per week</li> <li>Confirmation that the employee has completed required training</li> </ul>	<ul style="list-style-type: none"> <li>New DSPs are defined as not previously been employed as a DSP by any DDDS HCBS service provider within the last six months.</li> <li>New DSPs employed to work a minimum of 25 hours a week on or after May 1, 2021, are eligible for this recruitment payment.</li> </ul>
Retention Payment	3,000	\$1,000 per DSP	\$3,000,000	DDDS HCBS providers will pay their eligible employees the payment and will seek reimbursement from DDDS. Providers will submit a single invoice including: <ul style="list-style-type: none"> <li>Employee name</li> <li>Employee date of birth</li> <li>Effective date employment</li> <li>Average number of hours worked per week</li> </ul>	<ul style="list-style-type: none"> <li>Each DSP employed prior to April 30, 2021, who was employed to work a minimum of 25 hours per week would receive a \$1,000 retention payment.</li> </ul>
Other Employment Costs	4,000	\$150 per DSP (15% of \$1,000)	\$600,000	<ul style="list-style-type: none"> <li>15% to be added to each payment dispersed.</li> </ul>	<ul style="list-style-type: none"> <li>Such a fee ensures that the full \$1,000 reaches the DSP.</li> </ul>
<b>Total</b>	<b>4,000</b>		<b>\$4,600,000</b>		

While the estimated total computable costs for this initiative equals \$4,600,000, the State share funded through the enhanced FMAP is estimated to be approximately \$1,700,000, as of the January 2022 Quarterly Update.

DMMA is currently in the process of planning for recruitment and retention payments for DSPs who support DSHP and DSHP Plus members, as well as members supported through State-funded DSAAPD services. DMMA issued a survey this week to providers to gather critical information that will help develop DMMA's process. It is anticipated that DMMA will make payments to DSPs who provide the following services: attendant care, chore, companion, homemaker, home health aide, respite (in-home), community-based residential alternatives that include assisted living facilities, adult day services, and day habitation. DMMA plans to make recruitment and retention payments in the same amount as DDDS, implemented through a non-risk arrangement with the MCOs. Additional details as well as budget amounts for this phase of the initiative will be included in the January 2022 Spending Plan Update.

Individuals are only eligible to be paid a \$1,000 payment one time and are not eligible for additional recruitment payments (of any denomination) resulting from employment with multiple providers or as a result of terminating employment with one provider and obtaining new employment with a different provider. DDDS and DMMA will implement review processes within and between the partner Divisions to assure that DSPs only receive one recruitment/retention payment.

The goal of this approach to targeting the payments is to prevent unhealthy competition within the entirety of the LTSS delivery system, whether it be State-funded only, or State- and federally-funded through Medicaid.

In order to make these payments to providers as expeditiously and efficiently as possible, the State will pursue a Disaster Relief SPA.

### **Rate Study for DSPs**

#### ***Quarterly Update for Q1 FFY 2024***

DMMA continues to work with their actuarial contractor to finalize a scope of work and timeline and duration for the project. The project is anticipated to kick off in October 2023.

#### ***Quarterly Update for Q4 FFY 2023***

DMMA continues to work with their actuarial contractor to finalize a scope of work and timeline and duration for the project.

#### ***Quarterly Update for Q3 FFY 2023***

DMMA has been in discussions with their actuarial contractor about the scope of this work and the timeline and duration for the project. As a result of the level of effort necessary to complete the rate study to DMMA's specifications for the DSP provider population, this activity will begin implementation of the study in the second quarter of 2023. Additionally, after reviewing the scope of work, the number of team members needed to complete the work in an efficient and accurate manner has increased, resulting in an increased in the proposed budget.

The new budget for this activity is estimated to be \$650,000, with 50% administrative match planned. This is currently planned as a one-time expense, with no sustainability plan needed. Should additional

studies be required in the future, this will be budgeted out of the State General Fund. Because of the discussions with the contractor and the need to prioritize this work beginning in the second quarter, no funds have been spent on this activity in this quarter or to date.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA has not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the Q3 FFY 2023 Quarterly Update in January 2023.

#### ***Quarterly Update for Q1 FFY 2023***

DMMA has delayed this activity until January 2023, due to competing priorities. Additional information will be provided with the October 2022 update. No money has been spent on implementation as of this quarter.

#### ***Quarterly Update for April 2022***

DMMA has not completed any additional planning or actions towards implementation of this activity in this quarter. No money has been spent on this activity in the quarter ending March 31, 2022. Additional updates will be provided with the July 2022 update.

#### ***Quarterly Update for January 2022***

As of the submission of this Quarterly Update to the Spending Plan, no action has been taken on the DSP rate study, with \$0 spent in quarter ending December 31, 2021.

#### ***Activity Description***

DMMA recognizes the vital role played by DSPs in supporting members in their ability to remain in their homes and communities. DMMA is committed to ensuring that this safety net remains in place and is adequately supported. The McNesby Act of 2018 mandates a rate study every three years to assess the adequacy of payment rates for DSPs supporting the IDD population. However, a comparable mandate does not exist for DSPs supporting non-IDD populations, including those supporting DSHP or DSHP Plus members and members receiving State-funded services through DSAAPD. Funding will be used to conduct a rate study of DSPs providing services to non-IDD populations to assess the adequacy of the current reimbursement rates. It is important that there is parity in DSP rates across the delivery system to avoid competition between State programs. The rate study will include the following components:

- Inventory of the approaches to rate-setting for HCBS as well as the methodologies in the current system.
- Review of relevant regulations, legislation, and policy.
- Identification of appropriate service codes.
- Review of service requirements.
- Review of service utilization.
- Analysis of data from provider agencies and from other market sources.
- Feedback from key stakeholders on current system, including providers, provider organizations such as the Delaware Association for Home and Community Care, members, families, advocacy organizations such as Family Voices, and the general public.
- Provider survey to assess information such as wage and benefit cost, productivity, transportation expenses.
- Analysis of additional independent data sources such as:



- Wage data and cost of health insurance data from the Bureau of Labor Statistics.
- Wage growth data from the Bureau of Economic Analysis.
- U.S. Census Bureau data.
- Workers' Compensation Insurance Rating Bureau data.

## **Critical Incident Management System Upgrade — Activity Complete**

### ***Quarterly Update for Q1 FFY 2024***

Since the last quarterly update, DMMA and its partner Divisions have held five additional workgroup meetings through June 30, 2023, to continue discussion on how data will be managed and a governance structure for the new system. Work continues on the internal processes for approving a proposed scope of work for the IT solution vendor. Work on the IT solution is currently estimated to begin around October 1, 2023. Project updates for Critical Incident Management will be migrated to the Phase Two activity.

### ***Quarterly Update for Q4 FFY 2023***

Since the last Quarterly Update, DMMA and its partner Divisions have held six additional workgroup meetings through March 31, 2023, to continue discussions on needs and goals for the Critical Incident Management solution. Work continues on the internal processes for identifying and approving a proposed scope of work for the IT solution vendor. DMMA is currently working to draft the I-APD for CMS review and approval. Work on the IT solution is currently estimated to begin in Q4 of CY 2023.

### ***Quarterly Update for Q3 FFY 2023***

Since the last Quarterly Update, DMMA and its partner Divisions have held four additional workgroup meetings to continue discussions on common incident definitions and priorities for a Critical Incident Management system. DMMA and its vendor also discussed the Planning Advanced Planning Document (P-APD) process for CMS. DMMA has determined that at this time, a P-APD will not be pursued for the work occurring now through June 2023.

As a result of this decision, the State share of this activity has increased, to the full amount budgeted of \$140,000 with no additional match planned. This estimate has been updated in the Activity Status Table at the beginning of this report as well.

DMMA intends to pursue an I-APD for the actual system implementation, once business requirements have been written and a vendor system selected. This is expected to occur at the conclusion of the workgroup. The cost of the actual Critical Incident Management system upgrade has not yet been estimated, but the I-APD will request a 90/10 match to ensure that the HCBS enhanced FMAP dollars go further for the HCBS community in Delaware.

### ***Quarterly Update for Q2 FFY 2023***

DMMA and its partner Divisions have held an initial workgroup meeting to provide an overview of the project and to begin discussions about how to come to a consensus on common definitions. Additional meetings were held with DMMA leadership to discuss internal processes for critical incidents and options for intradepartmental communication and monitoring. The team is currently working to schedule additional workgroup meetings with the partner Divisions.

### ***Quarterly Update for Q1 FFY 2023***

As of this quarter, DMMA and its partner Divisions have identified workgroup members to start work on improving collaboration and consistency in critical incident reporting and management. The first workgroup meeting is scheduled for July 25, 2022 and the group will continue to meet twice a month. Leadership updates will be provided monthly.

### ***Quarterly Update for April 2022***

In the quarter ending March 31, 2022, DMMA has held one meeting with the leadership of each partner Division, including DSAMH, DSAAPD, DDDS, and the Division of Health Care Quality (DHCQ), to review the goals of the group and to structure the work going forward. Each Division will identify one or two staff to represent the Division as part of the workgroup tasked with improving collaboration and consistency across the Divisions as it pertains to critical incident reporting and management. The leadership team will be informed on a regular basis of the work of the group and tasked with specific decisions as the work commences.

### ***Quarterly Update for January 2022***

DMMA has held one meeting with the partner Divisions — DSAMH, DSAAPD, and DDDS — to determine each Division's needs and goals for a Critical Incident Management system. The goal of this discussion was to begin the necessary cross-agency collaboration to ensure the processes for managing critical incidents are strategically simplified and made consistent. Future meetings will include discussions to promote consensus around definitions for critical incidents across Divisions; updating any necessary training materials for State staff, investigators, and providers; and identifying possible IT solutions to help with identifying, tracking, investigating, and monitoring critical incidents and their resolution.

This activity is intended as a one-time use of funds.

### ***Activity Description***

This multi-phase project will begin with a review and update of DMMA's existing policies and procedures to align with practices and processes by DMMA partner agencies as well as national best practices. DMMA will work with a consultant to review existing regulations, policies, procedures, MCO contract language, and the 1115 waiver and will make updates as needed. DMMA will work with its partner agencies in clarifying roles and responsibilities in regard to investigations. This work will form the basis of business requirements for an integrated Incident Management IT system that will be procured in the next phase of this work. It is DMMA's intent to request enhanced match for the planning and design, development and implementation phases of this work through the P-APD and I-APD process.

### ***Delaware Long-Term Services and Supports Strategic Planning Study — Activity Complete***

#### ***Quarterly Update for Q1 FFY 2024***

The contractor completed this work and delivered the final LTSS Strategic Planning Study white paper on June 30, 2023.

#### ***Quarterly Update for Q4 FFY 2023***

DMMA and their contractor formally completed a scope of work and timeline for this study, which required a significantly reduced budget. The budget for this activity has been reduced to \$100,000, with

administrative match anticipated. This has been reflected in the total expenditures estimated earlier in this Quarterly Update.

Since discussing the scope of work, defined as a national scan on innovative practices in Medicaid HCBS, DMMA's contractor for this activity has completed additional research work and presenting initial findings for DMMA consideration. Following additional discussion and feedback, the final report on this study is due at the end of June 2023.

#### ***Quarterly Update for Q3 FFY 2023***

DMMA's contractor for this activity has completed additional planning meetings since the last Quarterly Update. The contractor is now completing a formal work plan and additional information will be provided in the next Quarterly Update in April 2023.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA completed a brainstorming session and planning meeting on September 20, 2022. Additional meetings are being scheduled to discuss next steps and to develop and review a work plan for the study.

#### ***Quarterly Update for Q1 FFY 2023***

As of this update, DMMA has requested a brainstorming session to be scheduled with the contractor to further refine the scope and focus of the LTSS Strategic Planning Study. The first phase of this activity will be a comprehensive environmental scan, including an environmental scan of all innovative models other states are using to support individuals living with co-occurring IDD/MH conditions.

#### ***Quarterly Update for April 2022***

Additional details have been added to this activity description. As part of this study, the contractor will complete robust data analysis on the current service array and stakeholder engagement in the form of small focus groups comprised of internal and external stakeholders and other types of key informant interviews to help determine priorities for the direction of Medicaid HCBS in Delaware. Additional activities discussed during these sessions may be targeted for inclusion into a future Spending Plan update. The total expenditures for this activity are estimated to be \$350,000, with administrative match planned.

#### ***Quarterly Update for January 2022***

This activity remains under development. The estimated cost of the study is being determined by DMMA and will be updated in the April 2022 Spending Plan Update.

#### ***Activity Description***

In 2010, Delaware performed a comprehensive study titled "Promoting Community-Based Alternatives for Medicaid LTSS for the Elderly and Individuals with Disabilities." The recommendations from this report led to Delaware's DSHP Plus 1115 Waiver program, which included MLTSS, an enhanced set of HCBS benefits, a renewed focus on dual eligibles and individuals "at risk" for meeting an institutional level of care, and additional self-directed care options. In 2022, DMMA will conduct a new study to refresh this assessment of the current LTSS system in Delaware and assess the best options for Medicaid beneficiaries, families, and providers in light of the stakeholder feedback received on DMMA's Spending Plan. This study will consider issues such as:

- How well is DMMA meeting the needs of individuals with Traumatic Brain Injury or Acquired Brain Injury (TBI/ABI) and should Delaware enhance its current HCBS for TBI/ABI model?
- How well are the EPSDT benefits and the Lifespan 1915(c) Waiver meeting the needs of children with medical complexity and should DMMA develop a pediatric HCBS option?
- What role is assisted living playing in the continuum of LTSS options in Delaware Medicaid and should DMMA take steps to strengthen this role?
- Are there other “supported housing” options DMMA should consider adding to its 1115 HCBS array such as adult foster homes or other shared living arrangements?
- How is Medicare affecting Delaware’s LTSS program and what opportunities should DMMA consider to better serve dual eligibles, including those dual eligibles not yet at an institutional level of care?
- How well is the current service array supporting members with Alzheimer’s disease or other types of dementia and their families to enable them to remain in their homes and/or communities?
- The recommendations from this study will also be used to inform the LTSS initiatives to be included in the DSHP 1115 Waiver extension. The current DSHP 1115 Waiver expires December 31, 2023.

The estimated cost of the study is being determined by DMMA and will be updated in the January 2022 Spending Plan Update.

### **Respite for Caregivers of Children**

#### ***Quarterly Update for Q1 FFY 2024***

The 1115 amendment including the addition of this service received CMS approval during this quarter. Implementation for the new benefit continues to be messaged to members and providers. Additional information will be provided in the next Quarterly Update.

#### ***Quarterly Update for Q4 FFY 2023***

The 1115 amendment including the addition of this service remains under CMS review.

#### ***Quarterly Update for Q3 FFY 2023***

DMMA has submitted the 1115 amendment including the addition of this service; this amendment remains under CMS review.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA has submitted the 1115 amendment including the addition of this service; this amendment remains under CMS review. Additionally, DMMA has scheduled four public forums (two targeted to families and advocates and two targeted to providers) to discuss the new service.

#### ***Quarterly Update for Q1 FFY 2023***

DMMA has recently closed the public comment period for the 1115 amendment that includes the addition of pediatric respite as a covered service. DMMA is currently reviewing the public comments and incorporating any necessary modifications to the language included in the 1115 amendment. DMMA plans to submit the amendment for CMS review in the next couple of weeks.

### ***Quarterly Update for April 2022***

DMMA has adopted a service definition for respite and will pursue Medicaid authority under the 1115 DSHP Plus demonstration. DMMA intends to release the amendment for public notice and comment in May 2022 and June 2022, with the comment period ending June 10, 2022. The amendment will be submitted to CMS no later than July 1, 2022, for approval and implementation by January 1, 2023. While under CMS review, DMMA intends to pursue MCO contract amendments and an update to the capitation rates. DMMA will also work with the MCOs to ensure an adequate network of respite providers and with DSCYF to finalize an MOU or interagency agreement to establish the policies and procedures for the new respite service.

Additional work has been done to finalize the estimate for this new service: total computable expenditures are estimated to be \$9,903,064, with the State share funded by the enhanced FMAP dollars to be \$4,110,762.

### ***Quarterly Update for January 2022***

This activity remains under development. A definition of respite has been drafted and is currently being reviewed to ensure that it is actionable. Feedback will be obtained from staff of DSCYF, and a DMMA stakeholder group of families with children who might be served with such a respite benefit. This feedback is essential to determine the appropriate benefit design to ensure that the needs of these children and their families are met. Future meetings will occur to discuss potential operationalization of such a benefit.

This activity requires an amendment to the DSHP Section 1115 Waiver; this amendment will be submitted by July 1, 2022. The target date for implementation of this respite benefit is January 1, 2023. More information, including financial estimates, will be provided in the April 2022 Quarterly Update.

### ***Activity Description***

Children and families in Delaware face a myriad of challenges on a daily basis. Families with children with complex medical conditions (CMC), severe emotional disorders, and dual diagnoses of MH/IDD face specific challenges in supporting their child within the family unit. Addressing parental and/or other caregiver needs is essential to helping to support these families. In response to feedback from a cross-section of stakeholders, Delaware will develop a Medicaid funded respite service for caregivers of children with CMC, severe emotional disorders, and dual diagnoses of MH/IDD. The service will be flexible enough to address the myriad of needs of this diverse population.

Spending Plan funds will be used for the initial development and implementation of the service and will be integrated into the Medicaid baseline budget in order to sustain the service over time. The intent is that respite is the first step within larger initiatives targeted toward children on Medicaid with these needs. The State will work with its partner State agencies as well as families and other stakeholders in the development of this service. Additional details, including the service definitions, provider qualifications, and budget will be included in the January 2022 Spending Plan submission.

### ***Under Development: Children and Adults with Complex Needs***

#### ***Quarterly Update for Q1 FFY 2024***

This activity remains under development. Additional detail will be provided once the activity has been further defined.

### ***Quarterly Update for Q4 FFY 2023***

This activity remains under development. Additional detail will be provided once the activity has been further defined.

### ***Quarterly Update for Q3 FFY 2023***

This activity remains under development. Additional detail will be provided once the activity has been further defined.

### ***Quarterly Update for Q2 FFY 2023***

This activity remains under development. Additional detail will be provided once the activity has been further defined.

### ***Quarterly Update for Q1 FFY 2023***

This activity remains under development, as DMMA continues to brainstorm around how to better coordinate supports for this population. As a first phase, this population is specifically being targeted in the LTSS Strategic Planning Study during the environmental scan as described earlier under that activity. The scope and full description of this activity, as well as the estimated cost for this activity, will continue to be fine-tuned based on the completed research and any accompanying recommendations that are a result of the environmental scan.

### ***Quarterly Update for April 2022***

This activity remains under development. The estimate cost of the activity is being determined by DMMA and will be updated in a future Quarterly Spending Update.

### ***Quarterly Update for January 2022***

This activity remains under development. Additional detail will be provided once the activity has been defined and a cost estimated.

### ***Activity Description***

Like many states, Delaware faces challenges with the coordination and care for children and adults with complex needs who often have involvement with multiple systems of care. Under this initiative, the State will develop a cross-division and interdepartmental team to review, analyze, and determine the course of possible action for complex cases. This initiative will fund the support of a consultant to help develop the team charter, team structure, and review process. Additionally, the consultant will complete a needs assessment to help inform the need for permanent infrastructure changes to the delivery system to help support these individuals. The needs assessment will include a review and analysis of available data, an inventory of current services available, a gap analysis as well as an environmental scan of best practices. The needs assessment will result in recommendations for the State's consideration.

### ***Summary of Activity Updates***

DMMA continues to review and discuss ideas and proposals for activities that expand, enhance, or strengthen HCBS. The next Quarterly Update will include a commitment of funding for any additional activities for which DMMA requests funding.

***Additional Change to note for Q2 FFY 2023***

The definition of Direct Support Professional included in Appendix A in the Glossary has been revised to specifically include CNAs. Although CNAs were included as eligible in the DSP recruitment and retention payments, additional questions received from stakeholders have prompted the addition of this title specifically into the definition of eligible DSPs.

***Additional Change***

As planned in the February 2022 Update to the HCBS Spending Plan, DMMA has removed the Appendix A table that noted the status of each item originally proposed as part of the stakeholder sessions that occurred in the summer of 2021. As any activity is developed, DMMA will continue to submit them for CMS approval in future HCBS Spending Plan updates.

## Glossary of Terms

- **Aging and Disability Resource Center (ADRC):** ADRCs serve as single points of entry into the long-term services and supports (LTSS) system for older adults, people with disabilities, caregivers, veterans, and families. Some states refer to ADRCs as “access points” or “no wrong door” systems.
  - Source: [Aging and Disability Resource Centers Program/No Wrong Door System | ACL Administration for Community Living](#)
- **Centers for Independent Living (CIL):** CILs are designed and operated by individuals with disabilities and provide independent living services for people with all types of disabilities. CILs are at the core of the Administration for Community Living’s (ACL) independent living programs, which work to support community living and independence for people with disabilities across the nation based on the belief that all people can live with dignity, make their own choices, and participate fully in society. These programs provide tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect.
  - Source: [Centers for Independent Living | ACL Administration for Community Living](#)
- **Direct Service Professionals (DSP):** Individuals employed by an agency who provide supervision, training, and/or hands-on assistance with activities of daily living, and/or instrumental activities of daily living within the context of the following services: adult day services, attendant care, chore services, community-based residential settings that include assisted living facilities, companion services, day habilitation, homemaker services, home health aides, personal care, residential habilitation, and respite (in-home). The definition of DSP includes those with the title of CNA who provide any of the above services to HCBS participants.
- **Local Contact Agency (LCA):** A Local Contact Agency is a local community organization responsible for providing counseling to NF residents on community support options. Long-term care facilities must make referrals to the LCA whenever a resident would like more information about community living or alternative living situations to the facility.
- **No Wrong Door (NWD):** An approach to service organization that provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits all service agencies to respond to the individual’s stated and assessed needs with appropriate treatment or supportive linkage with programs capable of meeting the consumer’s needs.
  - Source: [No wrong door Definition | Law Insider](#)
- **Pediatric Respite:** Coverage of a pediatric respite benefit for individuals up to age 21 who are not receiving respite through DSHP Plus, PROMISE, or the Lifespan 1915(c) Waiver. This new pediatric respite benefit will be provided for children with a physical health or BH condition affecting their ability to care for themselves, and are furnished on a short-term basis to allow temporary relief from caretaking duties for the child’s primary unpaid caregiver, parent, court-appointed guardian, or foster parent. Respite services may be available up to 24 hours, seven days a week and include support in the home, after school, or at night, as well as



transportation to and from school, medical appointments, or other community-based activities, or any combination of the above.

The following types of respite will be available:

- In-home unskilled respite – Provided in a child’s place of residence, home of respite provider, or home of a friend or family member for children with unskilled care needs (i.e., supervision or assistance with ADLs and IADLs, supervision to assure health and welfare, implementing a pre-existing behavior plan to support behavioral needs) who do not require skilled care such as a G-tube feeding. Services provided to children with BH needs are provided by a trained paraprofessional who is supervised by a licensed clinician.
- In-home skilled respite – Provided in a child’s place of residence or home of a friend or family member for children with ongoing skilled medical and BH needs that can only be provided by an RN/LPN. (e.g., suctioning, G-tube feeding).
- Out of home respite – Skilled and unskilled support provided in a licensed facility, including but not limited to licensed childcare setting, NF, hospital, residential treatment facility, foster home, Prescribed Pediatric Extended Care (PPEC), and group home.
- Emergency respite – A short-term service for children necessitated by an unplanned and unavoidable circumstance, such as a family emergency. Emergency respite can be provided in the home or in an out of home location.

Benefit Limits and Assurances:

- Pediatric respite is limited to 15 days or 285 hours per waiver year. If additional respite is required, the child or the child’s representative may contact their MCO care coordinator to request additional hours based on medical necessity.
- Emergency Respite is limited to 72 hours per episode, with a maximum of six-72-hour episodes per waiver year. Emergency respite is not included in the benefit limit.
- The child and/or child’s representative gives final approval of where the respite is provided.
- Respite services are not intended to supplant routine care, including before and after school care.
- Medicaid will not pay for respite provided for the purpose of oversight of additional minor children in the home.
- The cost of transportation is included in the rate paid to providers of these services.
- FFP is not available for the cost of room and board except when provided as part of services furnished in a facility approved by the State that is not a private residence.

Qualified pediatric respite providers include:

**Individual Providers**

- At least 18 years of age
- First aid certification
- Cardiopulmonary Resuscitation (CPR) certification
- Training specific to address the child's needs
- Valid driver license (as needed)<sup>1</sup>
- Criminal background check

**Licensed/Certified Providers**

- RN, LPN

**Agencies/Facilities**

- Community MH Agencies
- Community MH Facilities
- Community Foster Care Agencies
- Home Health Agencies
- Licensed Residential Treatment Facilities
- NFs
- Hospitals
- Home Health Agencies
- Camps
- Residential Care Facilities
- Child Care Centers
- Child Development Centers
- Group Homes
- Day Care Centers
- Licensed Foster Home
- PPEC

- **Self-Directed Attendant Care (SDAC) or Respite Care DSP:** A DSP hired on or before April 30, 2021, to provide SDAC or respite. To be eligible for a retention payment, the DSP must provide attendant care on a consistent basis since April 30, 2021, or provide respite services at least four times since April 30, 2021, and remain employed with the program.