

**Spending Plan for Implementation of the
American Rescue Plan Act of 2021,
Section 9817**

**Additional Support for Medicaid Home and Community-Based
Services during the COVID-19 Emergency**



**QUARTERLY UPDATE
October 2022 through December 2022
as of January 16, 2023**

Table of Contents

Contents

Letter from the Hawaii State Medicaid Director	4
Executive Summary.....	5
Spending Plan Projection	5
ARPA §9817 Attestations	5
QUEST Integration (QI) Initiatives	6
Initiative Updates.....	6
Self-directed fee schedule increase	6
CCMA monthly rate increase	6
Residential Alternatives rate increase	7
Building Capacity in Residential Alternatives to Serve Challenging Members.....	7
Building Case Management Capacity Related to Challenging Members	8
The Collaborative Care Model.....	8
Mobile COVID Vaccine Unit	9
Expand 1115 HCBS Service Array	9
Hawaii Medicaid Training and Technical Assistance Center (MTTAC)	10
EVV monitoring	10
Accelerating provider enrollment (HOKU).....	10
HCBS CAHPS Satisfaction Survey.....	11
Critical incident software for HCBS	11
Provider credentialing process improvement.....	11
Strengthening Provider Capacity and Person-Centered Practices	12
Guardianship Fund	13
Home Locator Tool.....	13
Building Capacity for Prison to Community Transitions.....	13
Strengthen the Direct Service Workforce	14
Investment in Tools and Technology for Residential Alternative Providers	14
Building administrative capacity	15
Palliative Care Benefit in Community-Based Settings	15

Developmental Disabilities Division Initiatives	16
Option for Individuals with Behavioral Challenges	16
Create Family-to-Family Peer Mentoring Service.....	17
Host Participant and Family Forums.....	17
Increase Provider Payment Rates.....	17
Invest in Quality Management	17
Support Community Integration	18
Advance Competitive Integrated Employment	18
Support Community Navigator Practice Development	19
Develop the Direct Support Professional Workforce	19
Positive Approaches for Challenging Behaviors	20
Improve Critical Incident Response through Analytics.....	20
Conduct System Evaluation	21
Strengthen Provider Monitoring	21
Implement the Spending Plan	22
Spending Plan Projection	23
Spending Plan Projection – QUEST Integration (1115 waiver).....	24
Spending Plan Projection – Developmental Disabilities Division (1915c waiver).....	25
Spending Plan Projection – Combined HCBS	26
Listing of Initiatives – Combined HCBS	27
Stakeholder Feedback.....	28

Letter from the Hawaii State Medicaid Director

JOSH GREEN, MD
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Administration
P. O. Box 700190
Kapolei, Hawaii 96709-0190

January 16, 2023

Mr. Daniel Tsai
Deputy Administrator and Director Centers
for Medicare & Medicaid Services Center
for Medicaid and CHIP Services 7500
Security Boulevard
Baltimore, Maryland 21244

Dear Mr. Tsai:

Re: Hawaii Section 9817 Quarterly Spending Plan for American Rescue Plan Act (ARPA)

Please find attached the ARPA HCBS Quarterly Spending Plan to implement ARPA Section 9817 for the period of October 1, 2022, thru December 31, 2022. Per guidance from CMS issued June 3, 2022, the State is submitting the updated spending plan with narrative based on Year 1 and Year 2 actual spending and Year 2, Year 3, and Year 4 projections.

We appreciate the continued support and partnership from CMS as we continue our work on this initiative.

Please direct any questions to me [REDACTED] or to Ms. Edie Mayeshiro [REDACTED]. We appreciate this opportunity and your partnership in this effort.

Sincerely,

[REDACTED]
Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

AN EQUAL OPPORTUNITY AGENCY

Executive Summary

Hawaii's commitment to the ARPA HCBS effort remains strong and is guided by our vision and guiding principles as they relate to our HOPE vision. Hawaii remains committed to the goals outlined in our initial spending plan submitted on July 12, 2021. These will not be repeated here and can be referenced and reviewed in our initial Spending Plan.

Beginning the process on September 14, 2021 and through a partial approval letter received on February 15, 2022, Hawaii received partial approval for all of its Spending Plan initiatives except for "Create a Fund to Pay for Guardianships" and "Add Representative Payee services". Based on the feedback from CMS, Hawaii is currently evaluating whether to proceed with these two initiatives.

To date, Hawaii has expended \$11,880,242 ARPA HCBS funds. Work is still in progress to implement the 37 initiatives designed to enhance, expand, or strengthen HCBS under Hawaii's approved waiver programs. Spending Plan projections were updated to reflect implementation delays with affected initiatives, resulting from overall program capacity limitations. Hawaii understands that there are now four total years to complete activities related to ARPA §9817. Updates reflect expenditures in Year 1 and Year 2; Year 2 through Year 4 projections were partially modified to reflect this decreased spend in Year 1.

Spending Plan Projection

The 1115 and 1915(c) HCBS spending estimates have been updated with Year 1 and Year 2 actual spend and Year 2, Year 3, and Year 4 projections. Working with community vendors to carry out some of these initiatives have been time consuming. Often the vendors fail to understand the community focused nature of these initiatives, and this results in various modifications to ensure the contracted work aligns with the HCBS focus. Spending Plan Projections were updated to reflect these delays with implementation of initiatives.

ARPA §9817 Attestations

- Hawaii is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Hawaii 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;
- Hawaii is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Hawaii is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Hawaii is maintaining HCBS provider payments at a rate no less than those in place as of

April 1, 2021.

QUEST Integration (QI) Initiatives

Planning and implementation activities continued in the current quarter for the 23 QI initiatives. A project management structure is in place for these initiatives to monitor/update progress, identify risks and issues, make strategic decision, and report results to constituents. Dollars for certain initiatives have been added to proposed health plan capitation rates submitted to CMS, and plans have been asked to modify contracts with the specific agencies and providers to account for these additional dollars; these proposed capitation rates will not be paid to health plans until CMS approves the rate package. Other initiatives require additional authority from CMS before the state can begin delivery of service; these relevant submissions to CMS are being drafted and will be submitted as soon as feasible.

This quarter saw the completion of the HCBS Rate Study for the residential alternative, CCMA, and self-direct/personal care services. Milliman was contracted to do the work, and the final report deliverable was completed on time. Details of the stakeholder engagement required to complete this rate study will be detailed in the Stakeholder Feedback section at the end of this report. Upcoming work with the state legislature to secure funding levels recommended in the rate study is ongoing.

Outstanding questions remain on two initiatives that were included on the initial Spending Plan submission. Hawaii is evaluating whether to continue with these two initiatives or drop them from the list, as this is the second round of questions related to these two initiatives. If we do proceed, we will set up a TA call with CMS to discuss next steps.

To date, \$916,473 ARPA funds have been expended on QI initiatives.

Initiative Updates

Self-directed fee schedule increase

- *Brief Summary:*
 - Reimburse Self-Directed workers at a competitive wage
- *Status:*
 - The final rate study was delivered to Hawaii on December 30, 2022. An all-provider wrap-up will be scheduled in January 2023.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Important to engage with provider stakeholders early and often during this process.

CCMA monthly rate increase

- *Brief Summary:*
 - Reimburse Community Case Management Agencies (CCMAs) at a

- competitive wage.
- *Status:*
 - The final rate study was delivered to Hawaii on December 30, 2022. An all-provider wrap-up will be scheduled in January 2023.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Important to engage with provider stakeholders early and often during this process.

Residential Alternatives rate increase

- *Brief Summary:*
 - Reimburse Residential Alternatives (Adult Foster Homes/Expanded Care Homes/Assisted Living) at a competitive wage.
- *Status:*
 - The final rate study was delivered to Hawaii on December 30, 2022. An all-provider wrap-up will be scheduled in January 2023.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Important to engage with provider stakeholders early and often during this process.

Building Capacity in Residential Alternatives to Serve Challenging Members

- *Brief Summary:*
 - To provide training and resources to HCBS residential providers so that they can have the skills and confidence to support members with complex behavioral and physical needs. Trained and qualified HCBS residential providers will then be eligible for an additional, higher level of daily reimbursement based on member behavior acuity. The goal is to decrease hospital and nursing facility waitlists, while promoting the safety and well-being of members with complex behavioral or physical needs in home and community-based settings. This will operate parallel to the ARPA initiative to build case management capacity related to challenging members, as they are interdependent in promoting the best outcomes for the members.
- *Status:*
 - Scope of project has been defined. MQD is finalizing project timelines and milestones. MQD is identifying potential community resource partners and scheduling stakeholder engagement meetings.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Pending discussion with stakeholders and identification of community resource partners.

Building Case Management Capacity Related to Challenging Members

- *Brief Summary:*
 - To increase capacity of the HCBS case managers that support HCBS residential providers to be able to manage members with complex behavioral and physical needs. Strategies include promoting additional training and higher daily reimbursement based on the complexity of the member. This will operate parallel to the other ARPA initiative to build capacity in residential alternatives to serve challenging members, as they are interdependent in promoting the best outcomes for the members.
- *Status*
 - MQD is working on finalizing the scope of the project. MQD is finalizing the project timeline and milestones. MQD is identifying potential community resource partners and scheduling stakeholder engagement meetings.
- *Spending and Sustainability*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Pending discussion with stakeholders and identification of community resource partners.

The Collaborative Care Model

- *Brief Summary:*
 - The Collaborative Care Model (CoCM) is a specific type of integrated care that treats common mental health conditions such as depression and anxiety that require systematic follow-up. MQD intends to increase access to the Collaborative Care Model for LTSS and HCBS individuals. Increasing greater access may result in improved outcomes for individuals experiencing behavioral health conditions and may better support community integration when appropriate.
- *Status:*
 - The project is on hold while MQD focuses on the other ARPA projects.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - MQD needs to focus on high priority ARPA projects to ensure successful completion of those projects.

Mobile COVID Vaccine Unit

- *Brief Summary:*
 - This service will bring annual COVID booster vaccines directly to the community statewide to members living in residential alternatives and at members' own homes for home bound individuals, utilizing independent pharmacists who participated in our community based COVID vaccination program.
- *Status:*
 - Payments to the independent pharmacies will be made on a per Medicaid member basis, utilizing the appropriate CPT code for the product- and dose- specific COVID-19 vaccine administration in addition to the HCPCS Level II code M0201 for the additional payment amount for administering the COVID-19 vaccine in the home. Hawaii submitted a COVID SPA to increase the reimbursement for the M0201 code to \$60 on July 22, 2022 to CMS. We are still waiting for formal approval. As the homes visited will be residential alternative or at member's own home, the per home billing limit of 5 codes will be adhered to. The initial vaccination booster run was completed during September & October of 2022, and the additional payments for the M0201 code are pending SPA approval.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Expand 1115 HCBS Service Array

- *Brief Summary:*
 - To add new HCBS benefits to the QI 1115 service array. Proposed services range from one-time transitional housing supports, financial management services, an array of behavior health crisis response services, medical respite services, and assistive technology services, to expanding access to respite for families and caregivers.
- *Status:*
 - The project is on hold while MQD focuses on the other APRA projects.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Initial stakeholder meetings will be scheduled when all the service definitions and provider qualifications are drafted

Hawaii Medicaid Training and Technical Assistance Center (MTTAC)

- *Brief Summary:*
 - MQD intends to establish a Medicaid Training and Technical Assistance Center (MTTAC). The MTTAC will operate as a cross-system educational resources to support Managed Care Organizations, providers, and partners to better support the medical, behavioral, and social needs of QUEST Integration members.
- *Status:*
 - The project is on hold while MQD focuses on other APRA projects.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - The MQD needs to focus on high priority ARPA projects to ensure successful completion of those projects.

EVV monitoring

- *Brief Summary:*
 - Expansion of EVV utilization to HCBS Case management services in member homes and residential alternative settings
- *Status:*
 - MQD is in the planning phase to add additional HCBS services to the EVV requirements
 - MQD is in the process of modifying and updating existing EVV procedure codes to accommodate current EVV required services
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Initial stakeholder meetings will be scheduled when all the services and procedure codes are determined; and preliminary tasks to be reported are identified developed,

Accelerating provider enrollment (HOKU)

- *Brief Summary:*
 - MQD is seeking a vendor to assist with conducting provider enrollment screenings for new and returning HCBS providers. This vendor will add needed bandwidth and capacity to the Medicaid provider enrollment section, with the goal of reducing and eliminating the application backlog and quickly expanding HCBS agency provider capacity.
- *Status:*
 - MQD signed contract with a new vendor Maximus effective 1/1/2023 to augment our staff with additional provider enrollment screening and revalidation services. They will also support MQD in providing on site

visits for provider types that require the additional screening. Maximus have brought onboard additional staff to work on eliminating the application backlog.

- *Spending and Sustainability:*
 - In the current quarter, the total spend for this initiative was \$109,707. The cumulative spend to date comes in at \$658,242.
- *Outcomes and Lessons Learned:*
 - N/A

HCBS CAHPS Satisfaction Survey

- *Brief Summary:*
 - To implement the HCBS CAHPS Survey as part of quality assurance and improvement activities and public reporting, and the CAHPS HCBS satisfaction survey is included in our 1115 Quality Strategy.
- *Status:*
 - Contract was signed with a vendor. MQD completed required administrative materials and have been reviewed and finalized with the vendor. Pending final submission of sample frame file from the QI health plans before survey administration.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Initial sample frame files submitted by the QI health plans reflect that the total number of eligible members are much lower than the anticipated sampling goal of 5,500 total members. MQD and vendor started discussing options on how to proceed, but the goal to submit final reports to AHRQ database in 2024 remains unchanged.

Critical incident software for HCBS

- *Brief Summary:*
 - To implement a centralized electronic critical incident tool for QI HCBS services as part of the HCBS quality assurance and improvement activities. The tool will standardize the incident tracking, documentation, and review process for MQD
- *Status:*
 - The project is on hold while MQD focuses on other APRA projects.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Several states use online reporting systems. These projects are varied and extremely detailed.

Provider credentialing process improvement

- *Brief Summary:*
 - The State plans to implement a Provider Credentialing Management

System (PCMS) that assures a centralized platform for qualified providers by promoting provider accountability and timeliness of annual Medicaid provider credentialing renewals.

- *Status:*
 - This initiative is on hold pending MQD resource allocation.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Strengthening Provider Capacity and Person-Centered Practices

- *Brief Summary:*
 - To implement person-centered planning and practices in the QUEST Integration (QI) 1115 demonstration waiver, Intellectual and Developmental Disabilities (I/DD) 1915c waiver, and across collaborating State Agencies. This initiative will enhance programs towards positive outcomes such as development of stronger policies and quality improvement strategies, implementation of best practices, exploration of payment enhancements, and overall improve service delivery to meet individualized goals.
- *Status:*
 - The Person-Centered Organization (PCO) training kick-off was completed successfully from October 17 to October 20, 2022. Vendor has distributed Person Centered Survey to MQD and participating QI health plans. This survey is anticipated to show a baseline of the perception of Person-Centered Practices currently occurring within each of the participating organizations to be completed by the employees of the company. Vendor will compile results and provide a report to each organization. The same survey will also be completed at the end of year one (of training) and again at the end of year two to identify movement toward becoming a Person-Centered Organization. MQD and four (4) participating QI health plans have identified their own coaches and leaders. The coaches training sessions started on January 4, 2023, and will continue on a monthly basis. The leaders training sessions will start in February 2023 and will continue on a bi-monthly basis. As for the Learning Management System (eLearning Modules), MQD and the four (4) participating QI health plans have identified and submitted a list of their own LMS admin and users. The admin will have access to all the users' accounts to monitor progress and will have authorization to add or remove users. Currently, a subcontractor is available to monitor progress and add/remove users. New users are added as requested by the organizations. The coaches were required to complete at least three (3) of the five (5) eLearning modules prior to the follow-up training sessions which were conducted in December 2022.
 - MQD's website have been updated to incorporate the LMS information. There is an existing shared TEAMS account among MQD, the vendor, and the participating QI health plans where training materials are being uploaded.
- *Spending and Sustainability:*

- A total payment of \$31,011.75 was made to the vendor in December 2022.
- *Outcomes and Lessons Learned:*
 - One QI health plan was waived from participating in the training because their organization has an existing person-centered organization training from the same vendor. Complete documentation was received from this QI health plan and reviewed and approved by MQD

Guardianship Fund

- *Brief Summary:*
 - To fund supports to obtain guardianship for current HCBS members and HCBS applicants who are determined incompetent and do not have guardianship/conservatorship or an identified power of attorney (POA)
- *Status:*
 - On hold: CMS has yet to approve this guardianship fund initiative. Considering removal of this initiative.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Home Locator Tool

- *Brief Summary:*
 - To implement a centralized interactive database to assist members to locate suitable housing based on need and choice of HCBS community-based residential alternatives.
- *Status:*
 - Finalizing the business requirements for the system
 - Exploring partnering opportunities with the Department of Health and Department of Hawaii Public Housing Authority
 - Two solutions being tested for feature capabilities
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Initiated a pilot project to determine the feasibility and fit of identified solutions.
 - Planning a meeting to review the project and gather input from members, MCOs and community stakeholders.

Building Capacity for Prison to Community Transitions

- *Brief Summary:*
 - To link and coordinate transitions from the Hawaii Department of Public Safety (DPS to the community that leverage HCBS programs, housing, and behavioral supports) and Judiciary

- *Status:*
 - This initiative is on hold pending MQD resource allocation.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Outcomes pending involvement of the other departments
 - Stakeholder meeting pending further involvement of other departments

Strengthen the Direct Service Workforce

- *Brief Summary:*
 - To increase the provider capacity for HCBS Home Care direct service workers (DSW) which include chore workers, personal assistants, LPNs and RNs.
- *Status:*
 - This initiative is on hold pending MQD resource allocation.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Pending training implementation.
 - Most new home care providers intern and become employed in hospitals and NFs.
 - Limited current capacity to intern and hire into HCBS home care services
 - Implementing surveys to monitor staffing shortages, challenges, recruitment methods, opportunities to use hiring and retainment incentives, and rates by service category
 - Participating in statewide planning with educators and business leaders planning for DSW capacity building, recruitment, and training across home care provider sectors.

Investment in Tools and Technology for Residential Alternative Providers

- *Brief Summary:*
 - This initiative is for one time funding for HCBS residential providers to connect with Medicaid HCBS electronic health records and medical/HCBS
- *Status:*
 - providers for visits. The plan includes distribution of tablets, Wi-Fi connections and provider education to ensure provider technology literacy and appropriate utilization of new digital tools.
 - All devices needed for this initiative have been obtained
 - List of providers has been identified
 - MQD is identifying tech support needs for the residential providers and additional HCBS applications for these tools and technology.
 - MQD is creating a distribution protocol and training plan for tools and technology
- *Spending and Sustainability:*
 - No spending to date
 - The budget and sustainability strategy are unchanged from initial

Spending Plan

- *Outcomes and Lessons Learned:*
 - Ordering and distribution of supplies pending development of the distribution plan for residential providers
 - Training for providers to efficiently use new tools for communication and receiving medical care in the home.

Building administrative capacity

- *Brief Summary:*
 - To stand up a dedicated project management team – one Project Manager (PM), one Project Coordinator, and one Technical Writer -- to recruit providers and administer the 23 new HCBS initiatives.
- *Status:*
 - An existing PM was moved over from another project to increase administrative capacity, which brought PM rigor and principles to the ARPA HCBS effort. The cost was already allocated to another spending account, so there was not spend for ARPA; beginning July 1, 2022, these costs will be allocated to this initiative. Hiring on one other PM position has been completed, and a remaining PM position continues to be in process.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Palliative Care Benefit in Community-Based Settings

- *Brief Summary:*
 - Palliative care is specialized care for people living with serious illness. It is provided by specialty-trained teams of doctors, nurses, and other specialists who work together with the member’s other doctors to provide an extra layer of support. MQD is working with providers and community leaders to support workforce development so the capacity for providers to care for seriously ill LTSS/HCBS members is improved.
- *Status*
 - Hui Pohala, a “coalition of coalitions”, is leading these efforts. Hui Pohala is on a fast track to become a 501(c)3 organization so they have the necessary infrastructure to support this project. Significant work has been completed on engaging providers and community organizations in developing the plan. Hui Pohala submitted a project plan that was approved by MQD. Current activities are focused on procurement
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Developmental Disabilities Division Initiatives

Summary

The Department of Health, Developmental Disabilities Division (DDD) continues to implement the ARPA initiatives designed to enhance, expand, or strengthen HCBS under the 1915(c) waiver program for individuals with intellectual and developmental disabilities (I/DD). Highlights of the reporting quarter include:

- A total of ten (10) contracts will support implementation of the 1915(c) spending plan. Nine (9) contracts have been fully executed. A RFP will be drafted for Provider Monitoring, and an additional contract is being planned to support the DSP Workforce Development initiative.
- There is considerable engagement in the provider-focused initiatives including Quality Management, Advancing Competitive Integrated Employment, Community Navigator Practice Development, Supporting Community Integration, DSP Workforce Development and Positive Approaches for People Experiencing Behavioral Challenges

As of the end of December 2022, approximately \$5,000,000 in ARPA funds have been expended by DDD. This reflects spending in nine initiatives. As noted in Table 2, due to the timing for submitting this quarterly report, the reported totals for the provider rate increase represent the first two months of the quarter, and the last month of the previous quarter (March-May 2022). Expenditures for June 2022 will be included in the next quarterly spending report.

Initiative Updates

Priority 1: Supports for Participants and Families

Option for Individuals with Behavioral Challenges

- *Brief Summary:*
 - The initiative will implement a new waiver service in a licensed home setting supported by an interdisciplinary team and skilled staff; the service will emphasize community integration, family engagement, and trauma-informed care.
- *Status:*
 - The service design, staffing model, licensing requirements, reimbursement approach, and eligibility criteria are under development.
 - DDD is working with stakeholders to design a reimbursement model for this service.
 - Start-up funding will be distributed through a contract with the Research Corporation of the University of Hawaii (RCUH). Allowable uses of start-up funding are being defined.
 - DDD will leverage the Positive Approaches initiative (part of Priority 4) for trauma-informed care training. DDD will leverage the Positive Approaches initiative (part of Priority 4) for trauma-informed care training and development of a sustainable curriculum.
 - DDD is exploring the use of section 1915(b) waiver authority to request adding this service.
- *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - The service will require detailed design, standards, and technical assistance for sustaining the use of positive relationship-based and trauma-informed approaches and creating a new model for supporting people who experience behavioral challenges.

Create Family-to-Family Peer Mentoring Service

- *Brief Summary:*
 - DDD is planning a new waiver service that will provide information, resources, guidance, and support from an experienced and trained mentor to help parents navigate the service system, the person-centered planning process, and other community resources.
- *Status:*
 - DDD continues to work with families and stakeholders on design of this service.
 - Certification research is underway.
- *Spending and Sustainability:*
 - To allow for planning and implementation of this service, the timeline to submit a waiver amendment will likely be in fiscal year 2023 or 2024 and spending on this initiative is projected to start next fiscal year.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - DDD continues to explore establishing an entity that will support quality, program development and possibly certification of agencies that will provide this service, as well as finance models to make this a sustainable system component for this service.

Host Participant and Family Forums

- *Brief Summary:*
 - DDD will use state funds to facilitate annual forums for participants and families to provide feedback and suggestions on the HCBS system.
- *Status:*
 - DDD will continue to sustain this commitment through state funds. We are removing this cost from the expected federal reimbursement in the Spending Plan report.

Priority 2: Strengthen Provider Capacities and System Infrastructure

Increase Provider Payment Rates

- *Brief Summary:*
 - DDD conducted a comprehensive rate study in 2019-2020 and will use ARPA funds to partially implement recommended rate increases.
- *Status:*
 - DDD has implemented the direct support professional report to collect data regarding wages, benefits, and turnover. All providers billing the higher rates are required to submit the report quarterly and key results will be included in Hawaii's ARPA quarterly reports. DDD is reviewing the reports that have been submitted and working with providers to address issues. The next narrative report will include information regarding the baseline data collection and any changes observed to date.
- *Spending and Sustainability:*
 - To date, spending on the higher rates have totaled approximately \$6 million. As mentioned above, these data will undergo further review.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.

Invest in Quality Management

- *Brief Summary:*
 - In new standards effective with the current waiver, DDD has required provider agencies to phase in development of internal quality management structures and practices.
- *Status*

- Trainings to meet the Waiver Provider Standards Quality Management requirements for WY1 and WY2 were conducted in July and November 2022 by the Council on Quality and Leadership (CQL) for all providers.
- CQL completed three (3) peer learning sessions this quarter with the 16 provider agencies or “cohort” to take a deeper dive in each agency’s data management and decision-making processes.
- CQL will continue to provide scheduled peer learning sessions in the next quarter that will focus on organizational performance.
- *Spending and Sustainability:*
 - \$37,500 has been spent to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - DDD has expanded this initiative using state funds to integrate NASDDDS’s Culture of Quality initiative to ensure quality practices throughout DDD’s operations.

Support Community Integration

- *Brief Summary:*
 - DDD will assist providers to achieve and maintain compliance with the HCBS final rule and ultimately help advance policies, procedures, and practices to improve the delivery and utilization of integrated services and supports.
- *Status:*
 - A contract to support this initiative was awarded on March 21, 2022, to Health Management Associates (HMA) and started on June 1, 2022.
 - Providers submitted HCBS final rule evidence templates for residential and non-residential settings, along with supporting documents to demonstrate compliance. With HMA assistance, the evidence templates and supporting documents were reviewed and providers were given feedback on areas that needed improvements or revisions in order to demonstrate compliance.
 - HMA provided technical assistance to providers through an “Open House” forum, where providers could join and ask questions. Individualized technical assistance was provided to providers who requested the assistance, as well as for providers who were identified by the state as needing additional support.
 - After multiple submissions of evidence templates from providers and feedback given, a total of seven (7) providers of non-residential settings and five (5) providers of residential settings have been determined template compliant.
 - HMA assisted in the development of a site validation tool and trained state staff to perform on-site validations for residential and non-residential settings. Site validations are ongoing.
 - HMA assisted in proposed revisions and draft language provided to the state to align certain Hawaii Administrative Rules with HCBS final rule requirements.
- *Spending and Sustainability:*
 - \$100,000 spent to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - Providers needed much more assistance in the development and revisions of their policies and procedures than anticipated.

Advance Competitive Integrated Employment

- *Brief Summary:*
 - DDD will assist providers to effectively support individuals to obtain and maintain competitive integrated employment.
- *Status:*

- A contract was executed with the University of Massachusetts Boston (UMass) to provide training, technical assistance, and consultation to 1915(c) waiver providers of day and employment services on how to provide high quality competitive integrated employment (CIE) services.
- A contract modification has been executed to extend the contract with UMass to February 28, 2024.
- Six (6) waiver provider agencies have been selected to receive technical assistance (TA) for organizational transformation. The focus of the TA is to train participating agencies offering center-based or semi-community-based programming to provide people they serve support to be successful and as independent as possible in employment.
- The six (6) waiver provider agencies are currently undergoing a strategic assessment, conducted by UMass.
- *Spending and Sustainability:*
 - \$70,000 spent to date.
 - The timeline for implementation was extended to July 1, 2022, to accommodate the contract execution with a contract award for \$141,100. Contract extended to February 28, 2024.
- *Outcomes and Lessons Learned:*
 - Pending further implementation.

Support Community Navigator Practice Development

- *Brief Summary:*
 - The July 1, 2021, waiver renewal included a new service, Community Navigator, which emphasizes, promotes, and coordinates the use of community resources and natural supports to address the participant's needs in addition to paid services. This initiative will develop a collaborative approach to the implementation of this service.
- *Status:*
 - DDD executed a training contract to help equip selected provider staff with the skills and tools they need to implement community navigation services that support waiver participants to fully engage in their communities.
 - Initially twenty-three (23) individuals from eight (8) provider agencies and the DDD training unit signed up for the Community Navigator training. Currently there are nine (9) trainees from five (5) provider agencies and the DDD training unit participating in the trainings.
 - Five (5) of the eight (8) training modules have been completed.
 - Training material, curriculum, and videos will be provided to all the trainees and DDD upon completion of contract activities.
- *Spending and Sustainability:*
 - \$57,000 has been spent to date.
 - The timeline for implementation has moved to a contract effective date of February 1, 2022.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - Pending implementation.

Priority 3: Workforce Development

Develop the Direct Support Professional Workforce

- *Brief Summary*
 - The initiative will establish a sustainable career path for the professional development of DSPs through a credentialing or certification program.
- *Status:*

- DDD has executed a contract with the University of Minnesota to research DSP training and certification models currently in use in other states.
- A planning team has begun the design of policies and procedures for grants to provider agencies and direct support professionals and is engaging the advisory group. A focus group was conducted with representatives of waiver provider agencies to gain insight into best approaches for implementing the grant programs.
- DDD developed a project management plan through a grant from Advancing States.
- A focus group was conducted with representatives of waiver provider agencies to gain insight into best approaches for implementing the grant programs.
- DDD has a contract with the Research Corporation of the University of Hawaii to distribute grant funds and implement project management for this initiative.
- The Advisory Group is comprised of self-advocates, family members, the State's DD Council, community stakeholders, and waiver providers. The focus of the group is to share information about the goals and objectives of the initiative and advise DDD by reviewing data, reports, and proposed actions to implement and continuously improve the DSP workforce initiative. The group has met once, and the frequency is to be determined.
- *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan. Note: Budget support from the Hawaii State Legislature is needed to implement a tiered rate model.
- *Outcomes and Lessons Learned:*
 - Pending the implementation of training and engagement with providers and community stakeholders.

Priority 4: Improve Protections for Health, Safety, and Well-being

Positive Approaches for Challenging Behaviors

- *Brief Summary:*
 - The initiative will provide training for DDD providers, stakeholders, and staff on the impacts of trauma, alternative positive approaches through trauma-informed care (TIC), and how to make sustainable and person-centered organizational change.
- *Status:*
 - DDD has executed a training contract with the Community Circle to equip provider staff with TIC and person-centered organizational change practices.
 - A planning team has developed training objectives and an approach to engage provider leadership for organizational change.
 - Training is scheduled to begin on January 10, 2023.
 - DDD drafted a project management plan through the grant from Advancing States.
 - Fifteen (15) provider agencies have expressed interest in participating in the organizational change component of this initiative.
- *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - An organizational change approach will be seminal to this initiative.

Improve Critical Incident Response through Analytics

- *Brief Summary:*

- DDD has executed a contract modification with a System Integrator vendor to develop a predictive analytics solution that will enable DDD to use predictive analytics to detect unreported critical incidents in DDD's case management system, INSPIRE.
- *Status:*
 - A data sharing agreement draft was submitted to MQD in July 2022. MQD asked DDD to scale back the data request in order to make the project more focused and manageable. The new data request is under review.
 - DDD submitted forms on June 22, 2022, including an 1188A and 270/271 Enrollment form to Conduent, MQD's financial management service contractor, to facilitate the exchange of eligibility data to support the Analytics initiative.
 - The INSPIRE Project implemented electronic reporting of Adverse Events through a provider portal on July 1, 2022, to automate submission of incident data from waiver provider agencies.
 - The INSPIRE Project has submitted another IAPD-U to CMS to reallocate unclaimed monies across future fiscal years and to request to extend DD&I through September 2023 to accommodate work delayed due to deployment of staff to COVID-19 related work. Approval is pending.
- *Spending and Sustainability:*
 - \$66,250 spent to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - Provider portal implementation in July 2022 was seminal in assuring automated data.
 - A memorandum of agreement for data-sharing has taken longer than anticipated.

Priority 5: Strengthen System Infrastructure and Accountability

Conduct System Evaluation

- *Brief Summary:*
 - The purpose of this activity is to provide the state with a comprehensive evaluation of the impacts of initiatives and related infrastructure and practice changes that have been implemented since the 2016 reauthorization of the 1915(c) HCBS waiver as well as activities included in the 1915(c) portion of Hawaii's ARPA Spending Plan.
- *Status:*
 - A contract award was made to HSRI.
 - HSRI has conducted stakeholder interviews, has begun initial analysis, and has formulated an advisory group for the evaluation.
- *Spending and Sustainability:*
 - No spending to date. This is a one-time activity.
 - The evaluation is a multi-term contract that extends to March 31, 2025. It was originally planned to encompass evaluation of the entire ARPA period but will need to be truncated in scope due to the change in the deadline to fully expend ARPA funds.
 - \$86,666.66 spent to date.
- *Outcomes and Lessons Learned:*
 - Pending implementation and findings.

Strengthen Provider Monitoring

- *Brief Summary:*
 - This initiative will help DDD develop a new process for monitoring providers for compliance that promotes accountability and quality services that help achieve positive outcomes for individuals served and to build a framework to share performance data with stakeholders.
- *Status:*

- Due to multiple contracts in process for spending approval, this initiative was delayed as DDD strategized on the best approach for implementing the redesign of the provider monitoring process.
- A procurement solicitation was released in March 2022, with no successful bidders. A new RFP for consultant assistance will be drafted. The timeline for implementation has shifted from the original projected date to a new projected date of August 1, 2023 and will use FY2024 funding.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Stakeholders, including waiver participants and families have expressed interest in receiving information about provider performance. DDD will integrate this into the overall provider monitoring framework.

Implement the Spending Plan

- *Brief Summary:*
 - The purpose of this activity is to provide project coordination resources for key initiatives in the Spending Plan.
- *Status:*
 - DDD has executed a contract with the Research Corporation of the University of Hawaii (RCUH), where 2.5 FTE positions will be housed, as well as funds to support parts of the ARPA Workforce Development initiative and the start-up funding for a new service option for individuals with serious behavioral challenges.
 - A .75 FTE Project Manager has been hired through the RCUH contract.
- *Spending and Sustainability:*
 - Spending on the initiative has been \$550,000 to date.
- *Outcomes and Lessons Learned:*
 - Project management is an essential component for ensuring successful implementation of new initiatives.

Spending Plan Projection

The 1115 and 1915(c) HCBS spending estimates have been updated with Year 1 and Year 2 actual spend and Year 2 through Year 4 projections. As mentioned above, Spending Plan Projections were updated to reflect certain delays with implementation of initiatives, and Hawaii has spent \$11,880,242 ARPA funds to date.

Spending Plan Projection – QUEST Integration (1115 waiver)

Calculation of Supplemental Funding from 10% FMAP Increase					
ARPA Sec. 9817					
Hawaii Medicaid - QUEST Integration Program (1115 waiver)					
BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
Service Categories					
Home and Community Based Services	\$ 30,219,031	\$ 31,953,660	\$ 27,821,804	\$ 27,821,804	\$ 117,816,299
Case Management Services	\$ 2,417,278	\$ 2,374,276	\$ 4,673,424	\$ 4,673,424	\$ 14,138,402
Rehabilitation Services					\$ -
Other (1915c)					\$ -
Subtotal: Qualifying Expenditures	\$ 32,636,309	\$ 34,327,936	\$ 32,495,228	\$ 32,495,228	\$ 131,954,700
Funds Attributable to 10% HCBS FMAP Increase					\$ 13,195,500
ADDED FUNDING FOR HCBS REINVESTMENT					
Year of Reinvestment	Year 1	Year 2	Year 3	Year 4	Total
Time Period	4/1/21 - 3/31/22	4/1/22 - 3/31/23	4/1/23 - 3/31/24	4/1/24 - 3/31/25	
State Match Share By Year	1%	5%	56%	34%	96%
State Match by Year	\$ 164,561	\$ 661,067	\$ 7,332,731	\$ 4,529,344	\$ 12,687,703
FMAP Assumptions - Program					
State's Base FMAP	53.33%	54.85%	57.31%	58.56%	
FFCRA Increase	6.20%	6.20%	2.25%	0.00%	
ARPA Increase	10.00%	0.00%	0.00%	0.00%	
Combined FMAP	69.53%	61.05%	59.56%	58.56%	
Supplemental Funding - Program					
Reinvested State Match	\$ -	\$ -	\$ 3,739,082	\$ 2,977,464	\$ 6,716,546
Federal Match	\$ -	\$ -	\$ 5,506,918	\$ 4,207,536	\$ 9,714,454
Subtotal: Supplemental Funding - Program	\$ -	\$ -	\$ 9,246,000	\$ 7,185,000	\$ 16,431,000
Supplemental Funding - Administration					
State Match	\$ 164,561	\$ 661,067	\$ 3,593,649	\$ 1,551,880	\$ 5,971,156
Federal Match	\$ 164,561	\$ 661,067	\$ 3,593,649	\$ 1,551,880	\$ 5,971,156
Subtotal: Supplemental Funding - Admin	\$ 329,121	\$ 1,322,133	\$ 7,187,298	\$ 3,103,761	\$ 11,942,313
Federal Match Attributable to FMAP Components					
Base FMAP	\$ -	\$ -	\$ 5,298,883	\$ 4,207,536	\$ 9,506,419
FMAP Increases (ARPA + FFCRA) Program	\$ -	\$ -	\$ 208,035	\$ -	\$ 208,035
FMAP Administration	\$ 164,561	\$ 661,067	\$ 3,593,649	\$ 1,551,880	\$ 5,971,156
Subtotal: Federal Match	\$ 164,561	\$ 661,067	\$ 9,100,567	\$ 5,759,416	\$ 15,685,610

Spending Plan Projection – Developmental Disabilities Division (1915c waiver)

Calculation of Supplemental Funding from 10% FMAP Increase					
ARPA Sec. 9817					
Hawaii Medicaid - Developmental Disabilities Division Program (1915c Waiver)					
BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
Service Categories					
Home and Community Based Services					\$ -
Case Management Services					\$ -
Rehabilitation Services					\$ -
Other (1915c)	\$ 36,741,086	\$ 35,486,135	\$ 34,452,188	\$ 36,264,981	\$ 142,944,391
Subtotal: Qualifying Expenditures	\$ 36,741,086	\$ 35,486,135	\$ 34,452,188	\$ 36,264,981	\$ 142,944,391
Funds Attributable to 10% HCBS FMAP Increase					\$ 14,294,400
ADDED FUNDING FOR HCBS REINVESTMENT					
Year of Reinvestment	Year 1	Year 2	Year 3	Year 4	Total
Time Period	4/1/21 - 3/31/22	4/1/22 - 3/31/23	4/1/23 - 3/31/24	4/1/24 - 3/31/25	
State Match Share By Year	4%	31%	53%	13%	101%
State Match by Year	\$ 528,523	\$ 4,401,976	\$ 7,582,051	\$ 1,921,294	\$ 14,433,844
FMAP Assumptions - Program					
State's Base FMAP	53.33%	54.85%	57.31%	58.56%	
FFCRA Increase	6.20%	6.20%	2.25%	0.00%	
ARPA Increase	10.00%	0.00%	0.00%	0.00%	
Combined FMAP	69.53%	61.05%	59.56%	58.56%	
Supplemental Funding - Program					
Reinvested State Match	\$ 417,380	\$ 3,136,077	\$ 4,813,431	\$ 1,896,294	\$ 10,263,182
Federal Match	\$ 952,427	\$ 4,915,468	\$ 7,089,217	\$ 2,679,706	\$ 15,636,818
Subtotal: Supplemental Funding - Program	\$ 1,369,807	\$ 8,051,545	\$ 11,902,648	\$ 4,576,000	\$ 25,900,000
Supplemental Funding - Administration/Other					
State Match	\$ 111,143	\$ 1,265,899	\$ 2,768,620	\$ 25,000	\$ 4,170,662
Federal Match	\$ -	\$ 165,375	\$ 755,788	\$ 25,000	\$ 946,163
Subtotal: Supplemental Funding - Admin	\$ 111,143	\$ 1,431,274	\$ 3,524,408	\$ 50,000	\$ 5,116,825
Federal Match Attributable to FMAP Components					
Base FMAP	\$ 730,518	\$ 4,416,272	\$ 6,821,408	\$ 2,679,706	\$ 14,647,904
FMAP Increases (ARPA + FFCRA) Program	\$ 221,909	\$ 499,196	\$ 267,809	\$ (0)	\$ 988,914
FMAP Administration	\$ -	\$ 165,375	\$ 755,788	\$ 25,000	\$ 946,163
Subtotal: Federal Match	\$ 952,427	\$ 5,080,843	\$ 7,845,005	\$ 2,704,706	\$ 16,582,981

Spending Plan Projection – Combined HCBS

Calculation of Supplemental Funding from 10% FMAP Increase					
ARPA Sec. 9817					
Hawaii Medicaid - Combined HCBS Programs					
BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
Service Categories					
Home and Community Based Services	\$ 30,219,031	\$ 31,953,660	\$ 27,821,804	\$ 27,821,804	\$ 117,816,299
Case Management Services	\$ 2,417,278	\$ 2,374,276	\$ 4,673,424	\$ 4,673,424	\$ 14,138,402
Rehabilitation Services	\$ -	\$ -	\$ -	\$ -	\$ -
Other (1915c)	\$ 36,741,086	\$ 35,486,135	\$ 34,452,188	\$ 36,264,981	\$ 142,944,391
Subtotal: Qualifying Expenditures	\$ 69,377,395	\$ 69,814,071	\$ 66,947,416	\$ 68,760,209	\$ 274,899,091
Funds Attributable to 10% HCBS FMAP Increase					\$ 27,489,900
ADDED FUNDING FOR HCBS REINVESTMENT					
Year of Reinvestment	Year 1	Year 2	Year 3	Year 4	Total
Time Period	4/1/21 - 3/31/22	4/1/22 - 3/31/23	4/1/23 - 3/31/24	4/1/24 - 3/31/25	
State Match Share By Year	3%	18%	54%	23%	99%
State Match by Year	\$ 693,084	\$ 5,063,042	\$ 14,914,782	\$ 6,450,639	\$ 27,121,547
FMAP Assumptions - Program					
State's Base FMAP	53.33%	54.85%	57.31%	58.56%	
FFCRA Increase	6.20%	6.20%	2.25%	0.00%	
ARPA Increase	10.00%	0.00%	0.00%	0.00%	
Combined FMAP	69.53%	61.05%	59.56%	58.56%	
Supplemental Funding - Program					
Reinvested State Match	\$ 417,380	\$ 3,136,077	\$ 8,552,513	\$ 4,873,758	\$ 16,979,729
Federal Match	\$ 952,427	\$ 4,915,468	\$ 12,596,135	\$ 6,887,242	\$ 25,351,271
Subtotal: Supplemental Funding - Program	\$ 1,369,807	\$ 8,051,545	\$ 21,148,648	\$ 11,761,000	\$ 42,331,000
Supplemental Funding - Administration					
State Match	\$ 275,704	\$ 1,926,966	\$ 6,362,269	\$ 1,576,880	\$ 10,141,818
Federal Match	\$ 164,561	\$ 826,442	\$ 4,349,437	\$ 1,576,880	\$ 6,917,319
Subtotal: Supplemental Funding - Admin	\$ 440,264	\$ 2,753,407	\$ 10,711,706	\$ 3,153,761	\$ 17,059,138
Federal Match Attributable to FMAP Components					
Base FMAP	\$ 730,518	\$ 4,416,272	\$ 12,120,290	\$ 6,887,242	\$ 24,154,322
FMAP Increases (ARPA + FFCRA) Program	\$ 221,909	\$ 499,196	\$ 475,845	\$ (0)	\$ 1,196,949
FMAP Administration	\$ 164,561	\$ 826,442	\$ 4,349,437	\$ 1,576,880	\$ 6,917,319
Subtotal: Federal Match	\$ 1,116,987	\$ 5,741,910	\$ 16,945,572	\$ 8,464,122	\$ 32,268,591

Listing of Initiatives – Combined HCBS

Program	Initiative	\$ Total (in million)
QUEST Integration	Self-directed fee schedule increase	3.0
	CCMA monthly rate increase	0.8
	Residential Alternatives rate increase	2.3
	Building Capacity in Residential Alternatives for complex membe	1.5
	CCMA for complex members	0.2
	The Collaborative Care Model	1.8
	Palliative Care Benefit in Community-Based Settings	4.2
	Mobile COVID Vaccine Unit	0.5
	Expand 1115 HCBS Service Array	0.2
	Personal assistance - Agency Rate Increase	1.8
	Skilled Nursing Rate Increase	0.3
	Hawaii Medicaid Training and Technical Assistance Center (MTTAC	1.2
	EVV monitoring	0.1
	Accelerating provider enrollment	3.6
	CAHPS survey for HCBS members	0.5
	Critical incident software for HCBS	1.2
	Provider credentialing process improvement	1.2
	Person-Centered practices training	0.2
	Guardianship fund	0.2
	Home Locator Tool	1.2
	Building Capacity for Prison to Community Transitions	0.2
	Strengthen the Direct Service Workforce	0.4
	Investment in Tools and Technology for Residential Alternatives P	0.4
Building administrative capacity	0.7	
HCBS Rate Study	1.2	
Subtotal QUEST Integration		28.4
Developmental Disabilities Division (DDD)	Increase Provider Payment Rates	23.15
	Option for Individuals with Behavioral Challenges	2.55
	Create Family-to-Family Peer Mentoring Service	0.2
	Strengthen Provider Monitoring	0.1
	Advance Competitive Integrated Employment	0.2
	Support Community Navigator Practice Development	0.1
	Support Community Integration	0.2
	Invest in Quality Management	0.2
	Improve Critical Incident Response through Analytics	0.8
	Positive Approaches for Challenging Behaviors	0.4
	Develop the Direct Support Professional Workforce	2.3
	Host Participant and Family Forums	0.1
	Conduct System Evaluations	0.3
	Implement the Spending Plan	0.6
	Subtotal DDD	
Total		59.4

Stakeholder Feedback

Hawaii has conducted multiple and targeted stakeholder outreach events related to the HCBS Rate Study needed for the three rate increase initiatives. Townhall meetings were held in October 2022 with three different provider groups to gather feedback on cost structures, staffing models, and other considerations important to develop sustainable rates. Additional townhalls were held in December 2022 with the same provider groups to confirm that the data gathered was properly understood and applied to the rate model.

