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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 24-0007

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 2, 2024

Melisa Byrd, Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

RE: DC-24-0007 Housing Support §1915(i) home and community-based services (HCBS) state plan amendment (SPA)

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number DC-24-0007. The effective date for this amendment is May 12, 2024. With this amendment, the District is seeking to sustain requests approved in their Temporary Extension to the Medicaid Disaster Relief COVID-19 National Emergency SPA #23-0004, which expires on May 11, 2024, by adding its language to the permanent Housing Supportive Services (HSS) 1915(i) Home and Community-Based Services SPA. If approved, this SPA will permit the HSS program to continue to utilize the appropriate determination and redetermination tools to ensure that District residents secure and maintain permanent supportive housing and to allow expanded provider qualifications for case manager supervisors.

Enclosed are the following approved SPA pages beginning with 3.1-i that should be incorporated into your approved state plan.

CMS reminds the state that the state must have an approved spending plan in order to use the money realized from section 9817 of the ARP. Approval of this action does not constitute approval of the state's spending plan.

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the

Rehabilitation Act, or the Supreme Court’s Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact You may also contact Chuck Steinmetz at charles.steinmetz@cms.hhs.gov or (215) 861-4169.

Sincerely,



George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc: Terri Frasier, CMS
Deanna Clark, CMS
Shante Shaw, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: DC 24-0007	2. STATE: District of Columbia
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: May 12, 2024	
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §441.304(d)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2024: 0 b. FFY 2025: 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>1915(i) State plan HCBS pages 48-49, 59-60, 62-63</u> Attachment 3.1-i pages 43-78 Attachment 4.19-B pages 34-36		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <u>1915 (i) State plan HCBS pages 48, 59, and 62</u> Attachment 3.1-i pages 43-78	
9. SUBJECT OF AMENDMENT: To add the "case management supervisor" and "process for evaluation/reevaluation" criteria language as approved in Emergency State Plan Amendment (SPA), <u>DC-23-0004</u> to the permanent Housing Supportive Services SPA, formerly <u>DC-21-0015</u> .			
10. GOVERNOR'S REVIEW (<i>Check One</i>)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: D.C. Act: <u>22-434</u>	
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO	
 12. TYPED NAME Melisa Byrd		Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001	
13. TITLE Senior Deputy Director/Medicaid Director			
14. DATE SUBMITTED April 2, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED April 3, 2024		17. DATE APPROVED May 2, 2024	
PLAN APPROVED – ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2024		19. SIGNATURE 	
20. TYPED NAME OF APPROVING OFFICIAL George P. Failla, Jr.		21. TITLE OF APPROVING OFFICIAL Director, Division of HCBS Operations and Oversight	
22. REMARKS			

Box 7: District authorized pen and ink change on 04/19/2024

Box 8: District authorized pen and ink change on 04/19/2024

1915(i) State Plan Home and Community-Based Services

Administration and Operation

The state implements the optional 1915(i) State Plan Home and Community-Based Services (HCBS) benefit for elderly and disabled individuals as set forth below.

1. Services. (Specify the state's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):

Housing Supportive Services:

1. Housing Stabilization Services
2. Housing Navigation Services

2. Concurrent Operation with Other Programs. (Indicate whether this benefit will operate concurrently with another Medicaid authority):

Select one:

<input checked="" type="checkbox"/>	Not applicable
<input type="checkbox"/>	Applicable
Check the applicable authority or authorities:	
<input type="checkbox"/>	<p>Services furnished under the provisions of §1915(a)(1)(a) of the Act. The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. <i>Specify:</i></p> <p>(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</p> <p>(b) the geographic areas served by these plans;</p> <p>(c) the specific 1915(i) State plan HCBS furnished by these plans;</p> <p>(d) how payments are made to the health plans; and</p> <p>(e) whether the 1915(a) contract has been submitted or previously approved.</p>
<input type="checkbox"/>	<p>Waiver(s) authorized under §1915(b) of the Act.</p> <p><i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</i></p>
Specify the §1915(b) authorities under which this program operates (<i>check each that applies</i>):	
<input type="checkbox"/>	§1915(b)(1) (mandated enrollment to managed care)
<input type="checkbox"/>	§1915(b)(3) (employ cost savings to furnish additional services)

<input type="checkbox"/>	§1915(b)(2) (central broker)	<input type="checkbox"/>	§1915(b)(4) (selective contracting/limit number of providers)
<input type="checkbox"/>	A program operated under §1932(a) of the Act. <i>Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:</i>		
<input type="checkbox"/>	A program authorized under §1115 of the Act. <i>Specify the program:</i>		

3. State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit. (Select one):

<input type="checkbox"/>	The State plan HCBS benefit is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program <i>(select one)</i> :	
<input type="checkbox"/>	The Medical Assistance Unit <i>(name of unit)</i> :	
<input type="checkbox"/>	Another division/unit within the SMA that is separate from the Medical Assistance Unit <i>(name of division/unit)</i> <i>This includes administrations/divisions under the umbrella agency that have been identified as the Single State Medicaid Agency.</i>	
<input checked="" type="checkbox"/>	The State plan HCBS benefit is operated by <i>(name of agency)</i> the District of Columbia (DC) Department of Human Services (DHS) a separate agency of the state that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the State plan HCBS benefit and issues policies, rules and regulations related to the State plan HCBS benefit. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.	

4. Distribution of State plan HCBS Operational and Administrative Functions.

(By checking this box the state assures that): When the Medicaid agency does not directly conduct an administrative function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be

delegated in writing and monitored by the Medicaid Agency. When a function is performed by an agency/entity other than the Medicaid agency, the agency/entity performing that function does not substitute its own judgment for that of the Medicaid agency with respect to the application of policies, rules and regulations. Furthermore, the Medicaid Agency assures that it maintains accountability for the performance of any operational, contractual, or local regional entities. In the following table, specify the entity or entities that have responsibility for conducting each of the operational and administrative functions listed (*check each that applies*):

(*Check all agencies and/or entities that perform each function*):

Function	Medicaid Agency	Other State Operating Agency	Contracted Entity	Local Non-State Entity
1 Individual State plan HCBS enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Eligibility evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Review of participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Prior authorization of State plan HCBS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Utilization management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Qualified provider enrollment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Execution of Medicaid provider agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Establishment of a consistent rate methodology for each State plan HCBS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Rules, policies, procedures, and information development governing the State plan HCBS benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(*Specify, as numbered above, the agencies/entities (other than the SMA) that perform each function*):

The "Other State Operating Agency" functions in 1-5 and 8-10 are performed by DHS.

(*By checking the following boxes the State assures that*):

5. **Conflict of Interest Standards.** The state assures the independence of persons performing evaluations, assessments, and plans of care. Written conflict of interest standards ensure, at a minimum, that persons performing these functions are not:
- related by blood or marriage to the individual, or any paid caregiver of the individual
 - financially responsible for the individual
 - empowered to make financial or health-related decisions on behalf of the individual
 - providers of State plan HCBS for the individual, or those who have interest in or are employed by a provider of State plan HCBS; except, at the option of the state, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified entity in a geographic area, and the state devises conflict of interest protections. *(If the state chooses this option, specify the conflict of interest protections the state will implement):*

6. **Fair Hearings and Appeals.** The state assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.
7. **No FFP for Room and Board.** The state has methodology to prevent claims for Federal financial participation for room and board in State plan HCBS.
8. **Non-duplication of services.** State plan HCBS will not be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, state, local, and private entities. For habilitation services, the state includes within the record of each individual an explanation that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 that otherwise are available to the individual through a local education agency, or vocational rehabilitation services that otherwise are available to the individual through a program funded under §110 of the Rehabilitation Act of 1973.

Number Served

1. **Projected Number of Unduplicated Individuals To Be Served Annually.**

(Specify for year one. Years 2-5 optional):

Annual Period	From	To	Projected Number of Participants
Year 1	April 1, 2022	March 31, 2023	7,000
Year 2			
Year 3			
Year 4			
Year 5			

2. **Annual Reporting.** *(By checking this box the state agrees to):* annually report the actual number of unduplicated individuals served and the estimated number of individuals for the following year.

Financial Eligibility

1. **Medicaid Eligible.** *(By checking this box the state assures that):* Individuals receiving State plan HCBS are included in an eligibility group that is covered under the State's Medicaid Plan and have income that does not exceed 150% of the Federal Poverty Line (FPL). (This election does not include the optional categorically needy eligibility group specified at §1902(a)(10)(A)(ii)(XXII) of the Social Security Act. States that want to adopt the §1902(a)(10)(A)(ii)(XXII) eligibility category make the election in Attachment 2.2-A of the state Medicaid plan.)

2. **Medically Needy** *(Select one):*

The State does not provide State plan HCBS to the medically needy.

The State provides State plan HCBS to the medically needy. *(Select one):*

The state elects to disregard the requirements section of 1902(a)(10)(C)(i)(III) of the Social Security Act relating to community income and resource rules for the medically needy. When a state makes this election, individuals who qualify as medically needy on the basis of this election receive only 1915(i) services.

The state does not elect to disregard the requirements at section 1902(a)(10)(C)(i)(III) of the Social Security Act.

Evaluation/Reevaluation of Eligibility

1. **Responsibility for Performing Evaluations / Reevaluations.** Eligibility for the State plan HCBS benefit must be determined through an independent evaluation of each individual). Independent evaluations/reevaluations to determine whether applicants are eligible for the State plan HCBS benefit are performed *(Select one):*

Directly by the Medicaid agency

By Other *(specify State agency or entity under contract with the State Medicaid agency):*

DHS performs evaluations/reevaluations of eligibility for State Plan HCBS under the supervision of the DC Department of Health Care Finance (DHCF).

2. **Qualifications of Individuals Performing Evaluation/Reevaluation.** The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. *(Specify qualifications):*

Agents responsible for performing evaluations/re-evaluations for Housing Supportive Services (HSS) must meet the minimum qualifications, which include:

1. Bachelor's degree in social work, psychology, sociology, counseling, related social service/science, or healthcare related disciplines and two (2) years of experience providing case management services and experience providing outreach, or field-based services to clients outside of office or clinic settings.;
2. Certification and/or licensure in a relevant discipline (e.g., certified addictions counselor) and two (2) years of experience providing case management services and experience providing outreach, or field-based services to clients outside of office or clinic settings.; or
3. A high school diploma or equivalent and four (4) or more years of experience working with vulnerable and marginalized populations.

3. **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

DC's Coordinated Entry Process, known as the Coordinated Assessment and Housing Placement (CAHP), shall be used to complete the independent evaluation of an individual's eligibility for HSS. This process begins with homeless service agency outreach and shelter workers (workers) engaging individuals who are either experiencing homelessness or at risk of homelessness. These workers use the Service Prioritization Decision Assistance Tool (SPDAT) to interview and assess the needs of the individual. DHS staff performs the independent evaluation of eligibility by reviewing the results of the SPDAT assessment and additional information obtained from the individual and/or their current service providers (this includes clinical documentation of the individual's disability). DHS relies on this evaluation to determine whether the individual has a need for assistance with securing or maintaining housing because of their disabilities or functional impairments and is eligible for the 1915(i) benefit.

If a participant is determined to not be eligible for this 1915(i) benefit using the SPDAT assessment, DHS will re-assess the participant using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). After the evaluation and determination of eligibility is complete, DHS notifies the individual if they meet the HSS eligibility criteria. If any individual is found not to meet the eligibility criteria, the individual has a right to request a reconsideration and/or fair hearing.

The reevaluation process is conducted every 12 months. The individual's HSS provider will complete the HSS Biopsychosocial Reassessment, which is a standard tool in DC's web-based case note platform, Housing the Homelessness (HTH). DHS staff performs the independent evaluation of eligibility by reviewing the results of the HSS Biopsychosocial Reassessment, as well as additional information obtained from the individual and/or their current service providers (this includes clinical documentation of the individual's disability). DHS relies on this evaluation to determine whether the individual has a continued need for assistance with securing or maintaining housing because of their disabilities or functional impairments and is eligible for the 1915(i) benefit.

If a participant is determined to be no longer eligible for this 1915(i) benefit, or will experience a reduction in the amount, duration, or scope of services as a result of using the HSS Biopsychosocial

Reassessment, DHS will re-assess the participant using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).

4. **Reevaluation Schedule.** *(By checking this box the state assures that):* Needs-based eligibility reevaluations are conducted at least every twelve months.
5. **Needs-based HCBS Eligibility Criteria.** *(By checking this box the state assures that):* Needs-based criteria are used to evaluate and reevaluate whether an individual is eligible for State plan HCBS.

The criteria take into account the individual's support needs, and may include other risk factors: *(Specify the needs-based criteria):*

To be eligible for 1915(i) HSS, an individual shall meet the following needs-based HCBS eligibility criteria:

1. Requires assistance with achieving and maintaining housing as a result of a disability or disabling condition, as indicated by a need for assistance with at least one of the following:
 - a. Mobility;
 - b. Decision-making;
 - c. Maintaining healthy social relationships;
 - d. Assistance with at least one basic need such as self-care, money management, bathing, changing clothes, toileting, getting food or preparing meals; or
 - e. Managing challenging behaviors.
2. **AND** is experiencing housing instability as evidenced by one of the following risk factors:
 - a. Is chronically homeless – an individual is considered chronically homeless if they are living in a place not meant for human habitation or a shelter, have been continuously homeless for at least one (1) year or on at least four (4) separate occasions in the last three (3) years, and can be diagnosed with one (1) or more health conditions that increase the risk of chronic homelessness (e.g., substance use disorders, serious mental illnesses, etc.);
 - b. Is at risk of chronic homelessness – an individual is considered at risk of chronic homelessness if they are living in a place not meant for human habitation or a shelter, have been continuously homeless for less than one (1) year and less than four (4) separate occasions in the last three (3) years, lack sufficient resources and support networks to assist them in obtaining permanent housing, and can be diagnosed with one (1) or more health conditions that increase the risk of chronic homelessness; or
 - c. Has a history of chronic homelessness – an individual is considered to have a history of chronic homelessness if they are currently housed, previously met the chronically homeless criteria, can be diagnosed with one (1) or more health conditions that increase the risk of chronic homelessness, and is at risk of returning to homelessness without HSS.

6. **Needs-based Institutional and Waiver Criteria.** *(By checking this box the state assures that):* There are needs-based criteria for receipt of institutional services and participation in certain waivers that are more stringent than the criteria above for receipt of State plan HCBS. If the state has revised institutional level of care to reflect more stringent needs-based criteria, individuals receiving institutional services and participating in certain waivers on the date that more stringent criteria become effective are exempt from the new criteria until such time as they no longer require that level of care. *(Complete chart below to summarize the needs-based criteria for State Plan HCBS and corresponding more-stringent criteria for each of the following institutions):*

State plan HCBS needs-based eligibility criteria	NF (& NF LOC** waivers)	ICF/IID (& ICF/IID LOC waivers)	Applicable Hospital* (& Hospital LOC waivers)
<p>To be eligible for 1915(i) HSS, an individual shall meet the following needs-based HCBS eligibility criteria:</p> <ol style="list-style-type: none"> 1. Requires assistance with achieving and maintaining housing as a result of a disability or disabling condition, as indicated by a need for assistance with at least one of the following: <ol style="list-style-type: none"> a. Mobility; b. Decision-making; c. Maintaining healthy social relationships; d. Assistance with at least one basic need such as self-care, money management, bathing, changing clothes, toileting, getting food or preparing meals; or e. Managing challenging behaviors. 2. And is experiencing 	<p>An individual who is a new admission shall be eligible for nursing facility services if they obtain a total score of nine (9) or more on the standardized assessment tool utilized by the District. Nursing facility level of care is determined by a standardized assessment tool which includes an assessment of the individual's support needs across three domains including: (1) functional; (2) skilled care; and (3) cognitive/behavioral.</p> <ol style="list-style-type: none"> 1. Functional – Type and frequency of assistance required with activities of daily living such as bathing, dressing, eating/feeding, transferring, mobility, and toileting. 2. Skilled Care – Occurrence and frequency of certain treatments/procedures, skilled care (e.g. wound care, infusions), medical visits, and other types of formal care. 	<p>Individuals who qualify for ICF/IID services will not be assessed via DHCF's LTCSS assessment tool.</p> <p>To determine if an individual requires services furnished by an ICF/IID, assessments are conducted by DHCF's Quality Improvement Organization (QIO) via the DC Level of Need which is a comprehensive assessment tool to determine the level of care criteria for ICF/IID services.</p> <p>A person shall meet a level of care determination if one of the following criteria has been met:</p> <ol style="list-style-type: none"> a. the person's primary disability is an intellectual disability (ID) with an intelligence quotient (IQ) of fifty-nine (59) or less; b. The person's primary disability is an ID with an IQ of sixty (60) to sixty-nine (69) and the person has at least one (1) of the following medical conditions: 	<p>For inpatient hospital psychiatric emergency detention D.C. Code § 21-522 requires that an application for admission is accompanied by a certificate of a psychiatrist, qualified physician, or qualified psychologist on duty at the hospital or the Department of Behavioral Health that they:</p> <ol style="list-style-type: none"> 1. Have determined the person has symptoms of a mental illness making them likely to injure themselves or others unless immediately detained; and 2. Have determined hospitalization or detention in a certified facility is the least restrictive form of treatment available to prevent the person from injuring themselves or others.

<p>housing instability as evidenced by one of the following risk factors:</p> <ul style="list-style-type: none"> a. Is chronically homeless; b. Is at risk of chronic homelessness; or c. Has a history of chronic homelessness and for whom providing HSS will prevent a return to homelessness. 	<p>3. Cognitive/Behavioral - Presence of and frequency with which certain conditions and behaviors occur (e.g., communications impairments, hallucinations or delusions, physical/verbal behavioral symptoms, eloping or wandering).</p>	<ul style="list-style-type: none"> 1. Mobility deficits; 2. Sensory deficits; 3. Chronic health problems; 4. Behavior problems; 5. Autism; 6. Cerebral Palsy; 7. Epilepsy; or 8. Spina Bifida. <ul style="list-style-type: none"> c. The person's primary disability is ID with an IQ of sixty (60) to sixty-nine (69) and the person has severe functional limitations in at least three of the following major life activities: <ul style="list-style-type: none"> 1. Self-care; 2. Understanding and use of language; 3. Functional academics; 4. Social Skills; 5. Mobility; 6. Self-direction; 7. Capacity for independent living; or 8. Health and Safety. d. The person has an ID, has severe functional limitations in at least three (3) of the major life activities set forth in (c)(1) through (c)(8) (see above); and has one (1) of the following diagnoses: <ul style="list-style-type: none"> (1) Autism; (2) Cerebral Palsy; 	
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		(3) Prader Willi; or (4) Spina Bifida	
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*Long Term Care/Chronic Care Hospital

**LOC= level of care

7. **Target Group(s).** The state elects to target this 1915(i) State plan HCBS benefit to a specific population based on age, disability, diagnosis, and/or eligibility group. With this election, the state will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the state may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C) and 42 CFR 441.710(e)(2). (Specify target group(s)):

Individuals enrolled in the 1915(i) HSS program shall be:

1. 18 years of age and older; and
2. Have a documented disability or disabling condition, as defined below:
 - i. Disability means the term as defined at 42 U.S.C. § 416(i).
 - ii. Disabling condition means an injury, substance use disorder, mental health condition, or illness, as diagnosed by a qualified health professional, that is expected to cause an extended or long-term incapacitation but does not meet the definition of disability in 2.i above.

Option for Phase-in of Services and Eligibility. If the state elects to target this 1915(i) State plan HCBS benefit, it may limit the enrollment of individuals or the provision of services to enrolled individuals in accordance with 1915(i)(7)(B)(ii) and 42 CFR 441.745(a)(2)(ii) based upon criteria described in a phase-in plan, subject to CMS approval. At a minimum, the phase-in plan must describe: (1) the criteria used to limit enrollment or service delivery; (2) the rationale for phasing-in services and/or eligibility; and (3) timelines and benchmarks to ensure that the benefit is available statewide to all eligible individuals within the initial 5-year approval. (Specify the phase-in plan):

(By checking the following box the State assures that):

8. **Adjustment Authority.** The state will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).
9. **Reasonable Indication of Need for Services.** In order for an individual to be determined to need the 1915(i) State plan HCBS benefit, an individual must require: (a) the provision of at least one 1915(i) service, as documented in the person-centered service plan, and (b) the provision of 1915(i) services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the person-centered service plan. Specify the state's policies concerning the reasonable indication of the need for 1915(i) State plan HCBS:

i. **Minimum number of services.**

The minimum number of 1915(i) State plan services (one or more) that an individual must require in order to be determined to need the 1915(i) State plan HCBS benefit is:

	1
ii.	Frequency of services. The state requires (select one):
<input checked="" type="checkbox"/>	The provision of 1915(i) services at least monthly
<input type="checkbox"/>	Monthly monitoring of the individual when services are furnished on a less than monthly basis If the state also requires a minimum frequency for the provision of 1915(i) services other than monthly (e.g., quarterly), specify the frequency:

Home and Community-Based Settings

(By checking the following box the State assures that):

- Home and Community-Based Settings.** The State plan HCBS benefit will be furnished to individuals who reside and receive HCBS in their home or in the community, not in an institution. (Explain how residential and non-residential settings in this SPA comply with Federal home and community-based settings requirements at 42 CFR 441.710(a)(1)-(2) and associated CMS guidance. Include a description of the settings where individuals will reside and where individuals will receive HCBS, and how these settings meet the Federal home and community-based settings requirements, at the time of submission and in the future):

(Note: In the Quality Improvement Strategy (QIS) portion of this SPA, the state will be prompted to include how the state Medicaid agency will monitor to ensure that all settings meet federal home and community-based settings requirements, at the time of this submission and ongoing.)

The District assures that this SPA is subject to any provisions or requirements included in the District's most recent and/or approved HCBS Statewide Transition Plan.

A participant receiving housing stabilization services lives in housing of their own choosing, which is part of the community at large. Services are provided at the provider's service site or the participant's home. The participant's housing may include individual/single occupancy dwellings, apartments, rental units, or any other spaces in the community. The housing must be owned, leased, or rented by the participant, a relative of the participant, a conservator or other individual legally authorized to represent the participant.

A participant receiving housing navigation services is transitioning from a setting where they lack fixed, regular, or adequate nighttime residence, such as a homeless shelter, or residence that is not ordinarily used for regular sleeping accommodations for a human being (e.g., a car, a park, an abandoned building, etc.), to housing of their choosing in the community. Services are provided at the provider's service site or in locations chosen by the participant in the community. Service sites chosen by the participant may include a homeless shelter, library, buildings providing supports for food and public government benefits, or in another community setting that does not include a private residence.

This SPA does not include settings that are presumed to have institutional qualities. All settings have been determined to meet the settings requirements at 42 CFR 441.710 and associated CMS guidance.

Person-Centered Planning & Service Delivery

(By checking the following boxes the state assures that):

1. There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment meets federal requirements at 42 CFR §441.720.
2. Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit. The person-centered service plan is developed using a person-centered service planning process in accordance with 42 CFR §441.725(a), and the written person-centered service plan meets federal requirements at 42 CFR §441.725(b).
3. The person-centered service plan is reviewed, and revised upon reassessment of functional need as required under 42 CFR §441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.
4. **Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities.** There are educational/professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with need for HCBS. *(Specify qualifications):*

DHS conducts face-to-face assessments to determine an individual's support needs and capabilities for HSS in accordance with its interagency agreement with DHCF. DHS staff responsible for conducting the face-to-face assessment must meet the minimum qualifications, which include:

1. Bachelor's degree in social work, psychology, sociology, counseling, related social service/science, or healthcare related disciplines and two (2) years of experience providing case management services and experience providing outreach, or field-based services to clients outside of office or clinic settings.;
2. Certification and/or licensure in a relevant discipline (e.g. certified addictions counselor) and two (2) years of experience providing case management services and experience providing outreach, or field-based services to clients outside of office or clinic settings.; or
3. A high school diploma or equivalent and four (4) or more years of experience working with vulnerable and marginalized populations.

5. **Responsibility for Development of Person-Centered Service Plan.** There are qualifications (that are reasonably related to developing service plans) for persons responsible for the development of the individualized, person-centered service plan. *(Specify qualifications):*

DHS shall be responsible for development of person-centered services plans for HSS in accordance with its interagency agreement with DHCF. DHS staff responsible for person-centered services plans must meet the minimum qualifications, which include:

1. Bachelor's degree in social work, psychology, sociology, counseling, related social service/science, or healthcare related disciplines and two (2) years of experience providing case management services and experience providing outreach, or field-based services to clients outside of office or clinic settings.;
2. Certification and/or licensure in a relevant discipline (e.g. certified addictions counselor) and two (2) years of experience providing case management services and experience providing outreach, or field-based services to clients outside of office or clinic settings.; or
3. A high school diploma or equivalent and four (4) or more years of experience working with vulnerable and marginalized populations.

- 6. Supporting the Participant in Development of Person-Centered Service Plan.** Supports and information are made available to the participant (and/or the additional parties specified, as appropriate) to direct and be actively engaged in the person-centered service plan development process. *(Specify: (a) the supports and information made available, and (b) the participant's authority to determine who is included in the process):*

As soon as practicable, after an eligibility determination, the qualified DHS staff person will complete a face-to-face assessment with the individual and review supporting documentation to develop a person-centered service plan that includes facilitating the client's choice of service provider.

During the person-centered planning process, each participant and their representative shall receive information regarding all services and supports for which they are eligible based upon the results of the face-to-face assessment. Once they have made a choice of service type, they will receive information regarding qualified providers. All information will be presented in simple and easily understood language. Participants with limited English proficiency will receive services that are culturally and linguistically appropriate. Additionally, persons with disabilities will be provided with alternative formats and other assistance to ensure equal access.

The person-centered service plan shall be based on a person-centered planning process, directed by the participant with HSS needs and may include a representative whom the participant has freely chosen, and others chosen by the participant to contribute to the process. The minimum requirements of the person-centered planning process are that the process results in a person-centered service plan with individually identified goals and preferences, including those related to community participation, health care and wellness, and education, and among other things. The plan will reflect the services and supports to be received, and who provides them. The planning process, and the resulting person-centered service plan, will assist the participant in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of health and welfare.

7. Informed Choice of Providers. *(Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the 1915(i) services in the person-centered service plan):*

During the assessment process, DHS will provide a list of qualified HSS agency providers authorized to serve the participant from which services may be requested. Information provided will include:

1. Name, location, contact information;
2. How long the provider has been qualified as a HSS agency provider;
3. If the provider has capacity to provide services; and
4. Any other information requested by the individual in selecting a provider.

Upon request, DHS will provide the participant with a list of qualified and available HSS agency providers in a printed or electronic format.

8. Process for Making Person-Centered Service Plan Subject to the Approval of the Medicaid Agency. *(Describe the process by which the person-centered service plan is made subject to the approval of the Medicaid agency):*

DHS as the Medicaid agency’s designee will review each person-centered service plan as part of their administrative authority. Once the DHS staff person develops the person-centered service plan, that staff person’s supervisor will review and make a determination regarding approval using the Housing the Homeless (HTH) system. HTH is one of DC’s software applications used to store records for individuals receiving homeless services in the District. Following approval, a service authorization is created in MMIS.

Annually, DHCF in conjunction with DHS will review a representative, random sample of person-centered service plans. Each of the sampled person-centered service plans will be subject to the review and approval of DHCF. The sample size will represent a 90% confidence level with a +/- 5% margin of error, to ensure all service plan requirements have been met. DHCF will not utilize a 95% confidence level with a +/- 5% margin of error sampling method, as DHCF does not have the workforce capacity to review and approve the number of person-centered service plans required at that sample size.

9. Maintenance of Person-Centered Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §74.53. Service plans are maintained by the following *(check each that applies)*:

<input type="checkbox"/> Medicaid agency	<input checked="" type="checkbox"/> Operating agency	<input type="checkbox"/> Case manager
<input checked="" type="checkbox"/> Other (specify):	Service providers	

Services

1. State plan HCBS. *(Complete the following table for each service. Copy table as needed):*

Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):</i>	
Service Title:	Housing Stabilization Services

Service Definition (Scope):

Housing Stabilization Services help a participant sustain living in their own housing in the community. Services shall be provided by a case manager, case manager supervisor, or licensed social worker employed by a HSS agency and include assisting the participant:

- Identify and build on the participant's strengths that can help them maintain housing in the community.
- In early identification and intervention for behaviors that may jeopardize housing.
- In education and training on the roles, rights and responsibilities of the tenant and landlord.
- Develop and maintain key relationships with landlords with a goal of fostering successful tenancy.
- Resolve disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
- Develop a household budget and map available community resources (e.g., food, toiletries, household supplies, transportation assistance, etc.) to help ensure the participant's needs are met.
- Connect to all benefits for which the participant's eligible (e.g., Supplemental Nutrition Assistance Program benefits, Veterans Affairs benefits, etc.), and assisting the participant in obtaining benefits as appropriate.
- Identify and leverage natural community supports (e.g., family, friends, recreational activities, support groups, etc.).
- Learn independent living skills (e.g., cooking, housekeeping, basic finances, shopping, etc.).
- Connect with employment, education, volunteering, and/or other community programming and resources (e.g., rec centers, public libraries, etc.) to help address social isolation.
- With the housing recertification process.
- Review, update and modify the participant's housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- By advocating for and linking the participant with community resources to prevent eviction when housing is or may become jeopardized.
- Continue training on good tenancy and lease compliance, including ongoing support with activities related to household management.
- Connect to somatic health, mental health, and substance use services.
- By providing support with continuing receipt of health, mental health, and substance use services, including:
 - Assistance with scheduling appointments, writing directions, scheduling transportation, etc.
 - Follow up post appointment to ensure the participant understands their services and when their next appointments are scheduled.
- Train in motivational interviewing and harm reduction techniques.
- In housing re-location.

Services shall be provided at a minimum frequency of twice a month. Must have a minimum of one (1) face to face contact and one (1) other contact per month. The other contact may be made by telephone, email, text, or another electronic format.

Services cannot be provided:

- To a participant at the same time as another service that is the same in nature and scope regardless of source, including federal, state, local, and private entities. Individuals eligible

<p>for multiple Medicaid funded authorities cannot access this service in more than one authority; or</p> <ul style="list-style-type: none"> • Concurrently with 1915(i) housing navigation services. <p>Each participant will receive services based upon their strengths, preferences, and needs as reflected by their assessment results and person-centered service plan.</p> <p>A provider shall ensure all progress notes of engagement activities, participant contacts, and clinical notations are recorded in the participant's electronic records in the application administered by DHS within forty-eight (48) hours of service delivery. All service documentation is subject to audit and must be retained for not less than six (6) years.</p>			
<p>Additional needs-based criteria for receiving the service, if applicable (<i>specify</i>):</p>			
<p>Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.</p> <p>(Choose each that applies):</p>			
<input type="checkbox"/>	<p>Categorically needy (<i>specify limits</i>):</p>		
<input type="checkbox"/>	<p>Medically needy (<i>specify limits</i>):</p>		
<p>Provider Qualifications (<i>For each type of provider. Copy rows as needed</i>):</p>			
Provider Type <i>(Specify):</i>	License <i>(Specify):</i>	Certification (<i>Specify</i>):	Other Standard <i>(Specify):</i>
HSS agency	None.	Certified by DHS as an HSS agency.	<p>Each HSS agency shall meet the following criteria:</p> <ol style="list-style-type: none"> (1) Enrolled as an HSS agency and maintain an approved, current Medicaid Provider Agreement; (2) Registered as a company in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA) and appropriately incorporated; and (3) The individuals providing services for the agency shall meet all training requirements set by DHS and the following criteria: <ol style="list-style-type: none"> a. <u>Case manager supervisor</u>: <ul style="list-style-type: none"> o A minimum of two (2) years of experience providing supportive services to individuals experiencing

			<p>homelessness or related populations and certification as a Licensed Independent Clinical Social Worker (LICSW) or Licensed Professional Counselor (LPC);</p> <ul style="list-style-type: none">○ A minimum of four (4) years of experience providing supportive services to individuals experiencing homelessness or related populations and certification as a Licensed Marriage and Family Therapist (LMFT) or hold a master's degree in human services or a related field; or○ A minimum of ten (10) years of experience providing services to individuals experiencing homelessness or related populations including a minimum of two (2) years of supervisory experience and a bachelor's degree.<ul style="list-style-type: none">○ A Licensed Graduate Social Work (LGSW) may substitute a LICSW or LPC if a participant requires more than one (1) case manager supervisor and at least one (1) LICSW, that is qualified to supervise or mentor the LGSW, is employed by the HSS agency. <p>b. <u>Case manager:</u></p> <ul style="list-style-type: none">○ One (1) year of experience in social work or human services field and a bachelor's degree in social work, psychology, sociology, counseling, or a related discipline.;○ Four (4) or more years of experience working with
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			vulnerable and marginalized populations and a high school diploma or equivalent.; or ○ A previous history of homelessness may substitute for experience in social work, human services, or work with vulnerable and marginalized populations.
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
HSS agency	DHCF	Initially and every five (5) years thereafter	
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Housing Navigation Services
Service Definition (Scope):	
<p>Housing Navigation Services help a participant plan for, find, and move to housing of their own in the community. Services shall be provided by a case manager, case manager supervisor, or licensed social worker employed by a HSS agency and include assisting the participant:</p> <ul style="list-style-type: none"> • Obtain key documents needed for the housing application process. • With the housing application process, including following up with key partners (landlord, government agencies) to ensure receipt and processing of documents. • With the housing search process, including helping the participant identify neighborhood and unit needs and preferences, potential barriers (to avoid applying for units for which they will be screened out), helping identify possible units, and assisting the participant to view units as needed. • Identify resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses not covered by Medicaid. • Ensure that the living environment is safe and ready for move-in. • Arrange for and supporting the details of the move. • Develop a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized. • With an application for a Home Health Aide, if needed. 	

Services shall be provided at a minimum frequency of once a week, with at least two (2) face to face engagements each month.

Services cannot:

- Be provided to a participant at the same time as another service that is the same in nature and scope regardless of source, including federal, state, local, and private entities. Individuals eligible for multiple Medicaid funded authorities cannot access this service in more than one authority;
- Be provided concurrently with 1915(i) housing stabilization services; or
- Include:
 - Deposits
 - Food
 - Furnishings
 - Rent
 - Utilities
 - Room and board
 - Moving expenses

Each participant will receive services based upon their strengths, preferences, and needs as reflected by their assessment results and person-centered service plan.

A provider shall ensure all progress notes of engagement activities, participant contacts, and clinical notations are recorded in the participant’s electronic records in the application administered by DHS within forty-eight (48) hours of service delivery. All service documentation is subject to audit and must be retained for not less than six (6) years.

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

- Categorically needy (*specify limits*):
 Housing Navigation Services will be limited to six (6) months from the first interaction. Additional months of services may be provided subject to prior authorization.
- Medically needy (*specify limits*):
 Same limits as those for categorically needy.

Provider Qualifications (*For each type of provider. Copy rows as needed*):

Provider Type (<i>Specify</i>):	License (<i>Specify</i>):	Certification (<i>Specify</i>):	Other Standard (<i>Specify</i>):
HSS agency	None.	Certified by DHS as an HSS agency.	Each HSS agency shall meet the following criteria:

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- (1) Enrolled as a HSS agency and maintain an approved, current Medicaid Provider Agreement;
- (2) Registered as a company in good standing with the DCRA and appropriately incorporated; and
- (3) The individuals providing services for the agency shall meet all training requirements set by DHS and the following criteria:
 - a. Case manager supervisor:
 - A minimum of two (2) years of experience providing supportive services to individuals experiencing homelessness or related populations and certification as a Licensed Independent Clinical Social Worker (LICSW) or Licensed Professional Counselor (LPC);
 - A minimum of four (4) years of experience providing supportive services to individuals experiencing homelessness or related populations and certification as a Licensed Marriage and Family Therapist (LMFT) or hold a master's degree in human services or a related field; or

			<ul style="list-style-type: none">○ A minimum of ten (10) years of experience providing services to individuals experiencing homelessness or related populations including a minimum of two (2) years of supervisory experience and a bachelor's degree.○ A Licensed Graduate Social Work (LGSW) may substitute a LICSW or LPC if a participant requires more than one (1) case manager supervisor and at least one (1) LICSW, that is qualified to supervise or mentor the LGSW, is employed by the HSS agency. <p>b. <u>Case manager:</u></p> <ul style="list-style-type: none">○ One (1) year of experience in social work or human services field and a bachelor's degree in social work, psychology, sociology, counseling, or a related discipline.;○ Four (4) or more years of experience
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			working with vulnerable and marginalized populations <u>and a high school diploma or equivalent</u> ; or ○ A previous history of homelessness may substitute for experience in social work, human services, or work with vulnerable and marginalized populations.
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):		Frequency of Verification (Specify):
HSS agency	DHCF		Initially and every five (5) years thereafter
Service Delivery Method. (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

2. **Policies Concerning Payment for State plan HCBS Furnished by Relatives, Legally Responsible Individuals, and Legal Guardians.** (By checking this box the state assures that): There are policies pertaining to payment the state makes to qualified persons furnishing State plan HCBS, who are relatives of the individual. There are additional policies and controls if the state makes payment to qualified legally responsible individuals or legal guardians who provide State Plan HCBS. (Specify (a) who may be paid to provide State plan HCBS; (b) the specific State plan HCBS that can be provided; (c) how the state ensures that the provision of services by such persons is in the best interest of the individual; (d) the state's strategies for ongoing monitoring of services provided by such persons; (e) the controls to ensure that payments are made only for services rendered; and (f) if legally responsible individuals may provide personal care or similar services, the policies to determine and ensure that the services are extraordinary (over and above that which would ordinarily be provided by a legally responsible individual):

Participant-Direction of Services

Definition: Participant-direction means self-direction of services per §1915(i)(1)(G)(iii).

1. Election of Participant-Direction. (Select one):

<input checked="" type="checkbox"/>	The state does not offer opportunity for participant-direction of State plan HCBS.
<input type="checkbox"/>	Every participant in State plan HCBS (or the participant’s representative) is afforded the opportunity to elect to direct services. Alternate service delivery methods are available for participants who decide not to direct their services.
<input type="checkbox"/>	Participants in State plan HCBS (or the participant’s representative) are afforded the opportunity to direct some or all of their services, subject to criteria specified by the state. (Specify criteria):

2. Description of Participant-Direction. (Provide an overview of the opportunities for participant-direction under the State plan HCBS, including: (a) the nature of the opportunities afforded; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the approach to participant-direction):

3. Limited Implementation of Participant-Direction. (Participant direction is a mode of service delivery, not a Medicaid service, and so is not subject to statewideness requirements. Select one):

<input type="checkbox"/>	Participant direction is available in all geographic areas in which State plan HCBS are available.
<input type="checkbox"/>	Participant-direction is available only to individuals who reside in the following geographic areas or political subdivisions of the state. Individuals who reside in these areas may elect self-directed service delivery options offered by the state, or may choose instead to receive comparable services through the benefit’s standard service delivery methods that are in effect in all geographic areas in which State plan HCBS are available. (Specify the areas of the state affected by this option):

4. Participant-Directed Services. (Indicate the State plan HCBS that may be participant-directed and the authority offered for each. Add lines as required):

Participant-Directed Service	Employer Authority	Budget Authority
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

5. Financial Management. (Select one) :

<input type="checkbox"/>	Financial Management is not furnished. Standard Medicaid payment mechanisms are used.
<input type="checkbox"/>	Financial Management is furnished as a Medicaid administrative activity necessary for administration of the Medicaid State plan.

6. **Participant-Directed Person-Centered Service Plan.** *(By checking this box the state assures that):* Based on the independent assessment required under 42 CFR §441.720, the individualized person-centered service plan is developed jointly with the individual, meets federal requirements at 42 CFR §441.725, and:

- Specifies the State plan HCBS that the individual will be responsible for directing;
- Identifies the methods by which the individual will plan, direct or control services, including whether the individual will exercise authority over the employment of service providers and/or authority over expenditures from the individualized budget;
- Includes appropriate risk management techniques that explicitly recognize the roles and sharing of responsibilities in obtaining services in a self-directed manner and assures the appropriateness of this plan based upon the resources and support needs of the individual;
- Describes the process for facilitating voluntary and involuntary transition from self-direction including any circumstances under which transition out of self-direction is involuntary. There must be state procedures to ensure the continuity of services during the transition from self-direction to other service delivery methods; and
- Specifies the financial management supports to be provided.

7. **Voluntary and Involuntary Termination of Participant-Direction.** *(Describe how the state facilitates an individual's transition from participant-direction, and specify any circumstances when transition is involuntary):*

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8. **Opportunities for Participant-Direction**

a. **Participant-Employer Authority** (individual can select, manage, and dismiss State plan HCBS providers). *(Select one):*

<input checked="" type="checkbox"/>	The state does not offer opportunity for participant-employer authority.
<input type="checkbox"/>	Participants may elect participant-employer Authority <i>(Check each that applies):</i>
<input type="checkbox"/>	Participant/Co-Employer. The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.
<input type="checkbox"/>	Participant/Common Law Employer. The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

b. **Participant-Budget Authority** (individual directs a budget that does not result in payment for medical assistance to the individual). *(Select one):*

<input checked="" type="checkbox"/>	The state does not offer opportunity for participants to direct a budget.
<input type="checkbox"/>	Participants may elect Participant-Budget Authority.

Participant-Directed Budget. *(Describe in detail the method(s) that are used to establish the amount of the budget over which the participant has authority, including the method for calculating the dollar values in the budget based on reliable costs and service utilization, is applied consistently to each participant, and is adjusted to reflect changes in individual assessments and service plans. Information about these method(s) must be made publicly available and included in the person-centered service plan.):*

Expenditure Safeguards. *(Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards.*

Quality Improvement Strategy

Quality Measures

(Describe the state’s quality improvement strategy. For each requirement, and lettered sub-requirement, complete the table below):

1. **Service plans a) address assessed needs of 1915(i) participants; b) are updated annually; and (c) document choice of services and providers.**

2. **Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future; (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.**

3. **Providers meet required qualifications.**

4. **Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).**

5. **The SMA retains authority and responsibility for program operations and oversight.**

6. **The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.**

7. **The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.**

(Table repeats for each measure for each requirement and lettered sub-requirement above.)

<i>Requirement</i>	1a) Service plans address assessed needs of 1915(i) participants
<i>Discovery</i>	
Discovery Evidence <i>(Performance Measure)</i>	<p>Measure 1: Percentage of plans reviewed that document services to address all of the participant’s assessed needs.</p> <p><u>Numerator:</u> Number of plans reviewed that address all of the assessed needs. <u>Denominator:</u> Number of plans reviewed by staff.</p> <p>Measure 2: Percentage of updated plans that appropriately address the needs of the participant.</p> <p><u>Numerator:</u> Number of plans updated in the last twelve (12) months that appropriately address the needs of the participant.</p>

	<u>Denominator</u> : Total number of plans reviewed which have been updated within the past twelve (12) months.
Discovery Activity <i>(Source of Data & sample size)</i>	<u>Data Source</u> : Data tracked by DHS staff through the Housing the Homeless (HTH) system. <u>Sample</u> : A representative sample with a 90% confidence level and +/- 5% margin of error. DHCF will not utilize a 95% confidence level with a +/- 5% margin of error sampling method, as DHCF does not have the workforce capacity to review the number of service plans required at that sample size.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHCF and DHS
Frequency	Annually

Remediation

Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHCF and DHS
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	1b) Service plans are updated annually
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<u>Measure</u> : Percentage of plans reviewed that are updated annually. <u>Numerator</u> : Number of plans reviewed in which the most recent plan has been updated within the past twelve (12) months. <u>Denominator</u> : Total number of cases reviewed.
Discovery Activity <i>(Source of Data & sample size)</i>	<u>Data Source</u> : Data tracked by DHS staff through the HTH system. <u>Sample</u> : A representative sample with a 90% confidence level and +/- 5% margin of error. DHCF will not utilize a 95% confidence level with a +/- 5% margin of error sampling method, as DHCF does not have the workforce capacity to review the number of service plans required at that sample size.
Monitoring	DHCF and DHS

Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHCF and DHS
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	1c) Service plans document choice of services and providers
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Measure: Percentage of plans reviewed that document the participants' choice between/among services and providers.</p> <p>Numerator: Number of plans reviewed in which participant choice was documented.</p> <p>Denominator: Number of plans reviewed by DHS staff.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p>Data Source: Data tracked by DHS staff through the HTH system.</p> <p>Sample: A representative sample with a 90% confidence level and +/- 5% margin of error. DHCF will not utilize a 95% confidence level with a +/- 5% margin of error sampling method, as DHCF does not have the workforce capacity to review the number of service plans required at that sample size.</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHCF and DHS
Frequency	Annually
Remediation	
Remediation Responsibilities	DHCF and DHS

<i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	2a) An evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future
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Discovery

Discovery Evidence <i>(Performance Measure)</i>	<p>Measure: The percentage of adults who entered the Coordinated Assessment and Housing Placement (CAHP) process and had an evaluation for 1915(i) eligibility.</p> <p>Numerator: The number of adults who entered the CAHP process and had an evaluation for 1915(i) eligibility.</p> <p>Denominator: The total number of adults who entered the CAHP process.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p>Data Source: Data tracked by DHS staff through the Homeless Management Information System.</p> <p>Sample: Universe reviewed, no sampling done.</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHCF and DHS
Frequency	Bi-annually

Remediation

Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHCF and DHS
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	2b) The processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Measure: The processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately. Numerator: Number of participants' initial determinations or reevaluations made in accord with written policies and procedures established by the SMA and DHS. Denominator: Number of participants' initial determinations or reevaluations reviewed by DHS staff.
Discovery Activity <i>(Source of Data & sample size)</i>	Data Source: Data tracked by DHS staff through the HTH system. Sample: A representative sample with a 90% confidence level and +/- 5% margin of error. DHCF will not utilize a 95% confidence level with a +/- 5% margin of error sampling method, as DHCF does not have the workforce capacity to review the number of initial determinations and reevaluations required at that sample size.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHCF and DHS
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHCF and DHS
Frequency <i>(of Analysis and Aggregation)</i>	Annually
Requirement	2c) The 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	Measure: The 1915(i)-benefit eligibility of enrolled participants is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.

	<p><u>Numerator</u>: Number of participants that received a reevaluation at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS. <u>Denominator</u>: Number of participants enrolled due for a reevaluation.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p><u>Data Source</u>: Data tracked by DHS staff through the HTH system. <u>Sample</u>: Universe reviewed, no sampling done.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	DHCF and DHS
<p>Frequency</p>	Annually

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	DHCF and DHS
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	Annually

Requirement	3) Providers meet required qualifications
Discovery	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Measure: Percentage of service providers who met required certification and/or authorization standards prior to furnishing 1915(i) services and on an ongoing basis. <u>Numerator</u>: The total number of service providers who met required qualifications prior to furnishing 1915(i) services and on an ongoing basis. <u>Denominator</u>: The total number of 1915(i) authorized service providers.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p><u>Data Source</u>: Provider enrollment files. <u>Sample</u>: Universe reviewed no sampling done.</p>
<p>Monitoring Responsibilities</p>	DHCF

<i>(Agency or entity that conducts discovery activities)</i>	
Frequency	Every five years.
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHCF
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	4) Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2)
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Measure: The percentage of beneficiaries receiving Housing Stabilization Services whose service plan indicates a setting for service delivery that meets the home and community-based settings requirements as specified by this SPA and in accordance with 42 CFR 441.710 prior to enrollment.</p> <p>Numerator: Total number of participants receiving Housing Stabilization Services whose service setting met the home and community-based settings requirement prior to enrollment.</p> <p>Denominator: Total number of service plans reviewed for participants receiving Housing Stabilization Services.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p>Data Source: Data tracked by DHS staff through the HTH system.</p> <p>Sample: A representative sample with a 90% confidence level and +/- 5% margin of error. DHCF will not utilize a 95% confidence level with a +/- 5% margin of error sampling method, as DHCF does not have the workforce capacity to review the number of service plans required at that sample size.</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHS
Frequency	Annually
Remediation	
Remediation Responsibilities	DHS

<i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	5) The SMA retains authority and responsibility for program operations and oversight
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Discovery	
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Discovery Evidence <i>(Performance Measure)</i>	Measure 1: The percentage of reports submitted to CMS in a timely manner. <u>Numerator:</u> Number of reports submitted to CMS timely. <u>Denominator:</u> Number of reports due.
Discovery Activity <i>(Source of Data & sample size)</i>	<u>Data Source:</u> CMS reports. <u>Sample:</u> Universe reviewed no sampling done.
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHCF
Frequency	Annually

Remediation	
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Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHCF
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	5) The SMA retains authority and responsibility for program operations and oversight
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Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Measure 2: The percentage of DHS progress reports submitted to DHCF in a timely manner.</p> <p><u>Numerator:</u> Number of DHS progress reports submitted to DHCF timely. <u>Denominator:</u> Number of reports due.</p> <p>Measure 3: The percentage of enrollment reports submitted to DHCF in a timely manner.</p> <p><u>Numerator:</u> Number of enrollment reports submitted by DHS to DHCF timely. <u>Denominator:</u> Number of enrollment reports due.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p><u>Data Source:</u> DHS reports. <u>Sample:</u> Universe reviewed, no sampling done.</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHCF
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHCF
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	6) The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Measure: Percentage of claims paid to active providers during the review period in accordance with the published rate on the date of service.</p>

	<p><u>Numerator</u>: Number of claims paid to active providers in accordance with the published rate on the date of service. <u>Denominator</u>: Number of HSS claims paid in the sample.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p><u>Data Source</u>: MMIS – Claims data. <u>Sample</u>: Universe reviewed no sampling done.</p>
<p>Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i></p>	DHCF
<p>Frequency</p>	Annually

Remediation

<p>Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i></p>	DHCF
<p>Frequency <i>(of Analysis and Aggregation)</i></p>	Annually

<p>Requirement</p>	<p>7) The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints</p>
<p>Discovery</p>	
<p>Discovery Evidence <i>(Performance Measure)</i></p>	<p>Measure 1: The percent of service plans with participants’ signature indicating they were informed of their rights surrounding abuse, neglect, exploitation, and reporting procedures. <u>Numerator</u>: Total number of service plans with the participants’ signature indicating they were informed of their rights surrounding abuse, neglect, exploitation, and reporting procedures. <u>Denominator</u>: Total number of 1915(i) participant service plans reviewed.</p>
<p>Discovery Activity <i>(Source of Data & sample size)</i></p>	<p><u>Data Source</u>: Data tracked by DHS staff through the HTH system. <u>Sample</u>: A representative sample with a 90% confidence level and +/- 5% margin of error. DHCF will not utilize a 95% confidence level with a +/- 5% margin of error sampling method, as DHCF does not have the workforce capacity to review the number of service plans required at that sample size.</p>

Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHS
Frequency	Annually
Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHS
Frequency <i>(of Analysis and Aggregation)</i>	Annually

Requirement	7) The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints
Discovery	
Discovery Evidence <i>(Performance Measure)</i>	<p>Measure 2: Incidents are reported within 24 hours or the next business day. <u>Numerator:</u> Number of incidents reported within 24 hours. <u>Denominator:</u> Number of incidents related to abuse, neglect and exploitation, including unexplained deaths.</p> <p>Measure 3: Allegations of abuse, neglect, and exploitation incidents are investigated by provider. <u>Numerator:</u> Number of allegations of abuse, neglect incidents investigated. <u>Denominator:</u> Number of incidents related to allegation of abuse, neglect and exploitation, including unexplained deaths.</p>
Discovery Activity <i>(Source of Data & sample size)</i>	<p><u>Data Source:</u> Incident Reports. <u>Sample:</u> Universe reviewed, no sampling done.</p>
Monitoring Responsibilities <i>(Agency or entity that conducts discovery activities)</i>	DHS
Frequency	Annually

Remediation	
Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	DHS
Frequency <i>(of Analysis and Aggregation)</i>	Annually

System Improvement

(Describe the process for systems improvement as a result of aggregated discovery and remediation activities.)

1. Methods for Analyzing Data and Prioritizing Need for System Improvement

DHS will regularly survey participants, stakeholders, and providers regarding the quality, design, and implementation of services. A quality improvement system (QIS) team of program and policy staff from DHCF and DHS will review and analyze collected survey, quality measure, and remediation data. The QIS team will make recommendations for systems and program improvements. Problems or concerns requiring intervention beyond existing remediation processes will be targeted for a quality improvement project (QIP).

2. Roles and Responsibilities

DHCF and DHS

3. Frequency

Ongoing/continuously

4. Method for Evaluating Effectiveness of System Changes

The QIS team shall discuss and plan QIPs for quality measures trending near or below the aggregate 86% benchmark. After the QIP has been implemented, quality measure data will be reviewed quarterly to ensure data is trending toward the desired benchmark.

When data analysis reveals the continued need for system change, the QIS team will reconvene to revise a QIP until the benchmark is achieved. Effectiveness of the system change will be measured through progress towards the 1915(i) quality measure benchmark.

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management	
<input type="checkbox"/>	HCBS Homemaker	
<input type="checkbox"/>	HCBS Home Health Aide	
<input type="checkbox"/>	HCBS Personal Care	
<input type="checkbox"/>	HCBS Supported Employment	
<input type="checkbox"/>	HCBS Habilitation	
<input type="checkbox"/>	HCBS Respite Care	
For Individuals with Chronic Mental Illness, the following services:		
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services	
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation	
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)	
<input checked="" type="checkbox"/>	Other Services (specify below)	

Housing Stabilization Services and Housing Navigation Services:

Reimbursement for Housing Stabilization Services and Housing Navigation Services shall be paid based upon a single per member per month (PMPM) rate that encompasses all Housing Stabilization Services and Housing Navigation Services provided to a participant within a month. A Housing Supportive Services (HSS) agency must provide Housing Stabilization Services and/or Housing Navigation Services a minimum of two (2) times within a month to be eligible for a PMPM payment. For all services provided, the reimbursement will be the lesser of the amount derived from the methodology below or the amount charged by the provider. Housing Stabilization Services, Housing Navigation Services, and provider qualifications are outlined per Attachment 3.1-i pages 94-100.

The initial PMPM rate will be set April 1, 2022, inflated on January 1, 2023, and annually inflated thereafter until the rebasing of the PMPM rate; the CMS Medicare Economic Index (MEI) shall be the inflation adjustment factor. Every third year, the Department of Health Care Finance (DHCF) shall complete financial reviews of HSS agencies' cost surveys to analyze the completeness, accuracy, compliance, and reasonableness of the surveyed costs. This information will be utilized to determine, on a cost basis, the rebasing of the PMPM rate effective January 1, 2026 and every four years thereafter. All rates are published on the District of Columbia Medicaid website at

<https://www.dcmcaid.com/dcwebportal/nonsecure/feeScheduleDownload>.

The PMPM rate shall be calculated based on the following parameters:

1. Total annual HSS costs shall equal direct care costs plus non-direct care costs multiplied by the inflation adjustment factor.
2. Total annual HSS costs per participant shall equal total annual HSS costs divided by the beneficiary capacity limit of one hundred (100).
3. Adjusted total enrollment months shall equal twelve (12) months times the productivity factor.
4. The PMPM rate shall equal total annual allowable HSS costs per participant divided by adjusted total enrollment months.

The total annual HSS costs described in this subpart shall be determined based on the following:

1. Direct care and non-direct care costs shall be determined based on the allowable costs reported on the most recently submitted annual cost survey.
 - a. Direct care costs are comprised of the allowable salary and benefit costs of case managers and case manager supervisors associated with the provision of HSS.
 - b. Non-direct care costs are comprised of allowable costs that are not directly related to direct services but a provider would expect to incur as part of the provision of services, which include:
 - i. Other personnel costs,
 - ii. Facility site costs,
 - iii. Utility costs,
 - iv. Supply and equipment costs,
 - v. Depreciation costs,
 - vi. Insurance costs,
 - vii. Compliance costs,
 - viii. Employee transportation costs,

- ix. Technology costs, and
- x. Participant supply costs not covered by another service that is similar in nature and scope.

2. Allowable costs shall be determined in accordance with the Medicare Principles of Reimbursement.
3. The inflation adjustment factor shall equal the lesser of the CMS MEI adjustment for the previous calendar year or two percent (2%).
4. Direct care costs for case managers shall be limited to no more than twenty-five (25) participants per case manager.
5. Direct care costs for case manager supervisors shall be limited to no more than one-hundred and twenty-five (125) participants per case manager supervisor.

The HSS agency shall submit the cost survey to DHCF as follows:

1. The cost survey shall be submitted on an annual basis within one hundred and twenty (120) days of its fiscal year end.
2. The cost survey shall cover a period of twelve (12) months, which shall be the same as the provider's fiscal year, unless DHCF has approved an exception. The cost survey shall be submitted on the DHCF approved form and shall be completed in accordance with the published cost survey instruction manual.
3. A delinquency notice shall be issued if the provider does not submit the cost survey on time and has not received an extension of the deadline for good cause.
4. Each provider shall maintain adequate financial records and statistical data for proper determination of allowable costs and in support of the costs reported on each line of the cost survey.
5. Each provider shall maintain the records pertaining to each cost survey for a period of not less than seven (7) years after submission of the cost survey. If the records relate to a cost survey under audit or appeal, records shall be retained until the audit or appeal is completed.

All records and other information related to the establishment of payment rates may be subject to period verification, review, or audit. In accordance with state and federal privacy laws, each HSS agency shall allow appropriate personnel of DHCF, the Department of Human Services, other authorized agency or official of the District of Columbia government and federal government full access to all records during audits and reviews.