

District of Columbia



Home and Community-Based Services Promoting Interoperability Program (HCBS Program) State Level Repository (SLR) Guide

October 2022

Version 1.1

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Disclaimer

The pages that follow in this State Level Repository (SLR) Guide for Eligible provider organizations are intended to provide information to assist with completion of an attestation to the DCHF HCBS Program. **However, it is important to note that this SLR Guide is not, nor is it intended to be, the full source of information about the requirements of the HCBS Promoting Interoperability Program. It is the responsibility of the provider who is attesting to the DCHF HCBS Promoting Interoperability Program to be acquainted with the requirements of the Promoting Interoperability Program from DCHF.**

Introduction

DHCF offers incentives to qualifying providers and hospitals for using electronic health record (EHR) systems to deliver patient care and connect with patients and other providers. This initiative, known as the Promoting Interoperability (PI) Program, has paid eligible District health care providers and hospitals over \$35 million for adopting, implementing, and/or upgrading their EHRs in accordance with Office of the National Coordinator for Health Information Technology (ONC) certified EHR Technology (CEHRT) standards/criteria and CMS Meaningful Use requirements. More information on DC's Medicaid PI Program is available at: <https://dhcf.dc.gov/page/medicaid-electronic-health-record-incentive>.

With the help of Medicaid PI incentives, hundreds of health care providers in the District – namely Physicians, Dentists, Nurse Practitioners, and Certified Nurse Midwives – have made great progress in maximizing their CEHRTs to ultimately improve health outcomes, securely exchange health information, expand patient access to their health data, as well as protect the privacy and security of patient health data. While the District's PI program has been extremely successful at encouraging interoperability, several provider types were unable to participate due to eligibility requirements.

To be more inclusive of HCBS providers who have historically been unable to participate in programs such as the Medicaid PI Program and to ultimately make access to technology more equitable, DHCF is leveraging American Rescue Plan Act (ARPA) Enhanced Funding for Medicaid HCBS to enhance, expand, and strengthen home and community-based services digital health infrastructure to support a more integrated and accessible person-centered system.

The American Rescue Plan Act (ARPA) of 2021 was signed into law on March 11, 2021. Under Section 9817 of the ARPA (Pub. L. 117-2), states are afforded a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid home and community-based services (HCBS). States must use funds equivalent to the amount of federal funds attributable to the increased FMAP to implement activities that enhance, expand, or strengthen Medicaid HCBS.

Home and Community-Based Services (HCBS) are types of person-centered care delivered in the home and community, rather than institutions of other isolated settings. A variety of health and human services can be provided. HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, like getting dressed or bathing. HCBS are often designed to enable people to stay in their homes, rather than moving to a facility for care.

HCBS programs generally fall into two categories: health services and human services. HCBS programs may offer a combination of both types of services and do not necessarily offer all services from either category.

Medicaid HCBS are rendered by providers administering the following services:

- *State Plan Home Health Services, which includes:*
 - *personal care aide services,*
 - *in-home nursing,*
 - *durable medical equipment*
 - *Private Duty Nursing*
 - *Personal Care Services*
- *Behavioral Health Rehabilitative Services, which includes:*
 - *Mental Health Rehabilitation Service (MHRS); and*
 - *Adult Substance Abuse Rehabilitation Services (ASARS)*
- *1915(c) Waiver Services, which includes:*
 - *People with Intellectual and Developmental Disabilities HCBS Waiver Program (IDD Waiver)*
 - *Individual and Family Supports HCBS Waiver Program (IFS Waiver).*
 - *Elderly and Persons with Physical Disabilities HCBS Waiver (EPD Waiver); and*
 - *Adult Day Health Programs (ADHP)*
- *1915(i) State Plan Services, which includes:*
 - *Housing Support Services (HSS).*
 - *Adult Day Health Program (ADHP); and*
 - *Supported Employment services*
- *Program of All-inclusive Care for the Elderly (PACE)*

In early July 2021, the District submitted a [spending plan](#) and narrative that describes the planned HCBS enhancement activities to the Centers for Medicare and Medicaid Services (CMS) for review and approval. On August 31, 2021, DHCF received official CMS approval for the temporary 10% increase for home and community-based services (HCBS). The increase will afford the District the ability to deliver tailored technical assistance to build off existing efforts and be more inclusive of HCBS providers who have historically been unable to participate in programs such as the PI Program, which encourages the meaningful use and interoperability of certified EHR systems, as well as the DC Health Information Exchange (HIE) Connectivity Program, which provides education, training, and enrollment to the DC HIE.

In its planning, the District considered the impact on the local budget for the proposed initiatives, the long-term sustainability of the funded initiatives, and the equity of enhancement activities across HCBS programs. In this process DHCF, along with its District partners at the Department of Behavioral Health (DBH), the Department on Disability Services (DDS) and the Department of Housing Services (DHS), have proposed to implement the following initiative (amongst others):

HCBS Promoting Interoperability Program TA (HCBS Program TA): Modeling the HITECH funded DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program), this TA program will support the DHCF HCBS Program incentive program managed by DHCF. The HCBS Program rewards HCBS providers (inclusive of BH, LTC, DDS, DHS providers) for meeting milestones to

select, adopt, and implement CEHRT and/or approved case management systems. In addition, the HCBS Program will connect eligible providers to the DC HIE.

This program will further encourage the interoperability of patient records via the provider’s EHR and enable population health management to support whole person care via the DC HIE. HCBS providers may include providers under the umbrella of DHCF’s long term care administration (LTCA), Department of Disability Services (DDS), Department of Behavioral Health (DBH) and Housing Support Services (HSS).

Eligible HCBS PI program participants will select among three tracks, according to the needs of the practice. Table1 provides a description to each of the three tracks based on provider need.

HCBS PI Program	
Program Track	Description of Program Track
Track 1	Appropriate for provider organizations that have <i>not yet adopted an EHR or case management system in their practice</i> . Track 1 organizations will receive technical assistance to acquire, purchase or secure access to certified EHR technology . Additionally, technical assistance will support and assist with the installation or commence utilization of certified EHR technology.
Track 2	Appropriate for provider organizations that need to <i>upgrade to a certified EHR or case management system</i> . Track 2 organizations will receive technical assistance to update and expand the functionality of certified EHR technology .
Track 3	Appropriate for provider organizations that would like to <i>optimize their existing (certified or non-certified) EHR or case management system</i> . Track 3 organizations will receive technical assistance to purchase potential gap tools or other direct integration tools to ultimately enable a secure connection to the DC HIE .

Please refer to the proposed framework below which outlines the three tracks and the subsequent milestones that the provider must meet in order to receive the HCBS Program incentive.

Track 1: Implement a New EHR			
#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment

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3	New Technology Purchase	Sign new technology purchase agreement and develop implementation timeline	Demonstrate purchase of new technology that will support practice operations and CRISP connection
4	New Technology Go-Live	Complete technology go-live and training	Complete go-live and training for new technology that will support practice operations and CRISP connection
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP
Track 2: Upgrade an Existing EHR			
#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	Technology Upgrade Purchase	Sign technology upgrade purchase agreement and develop implementation timeline	Demonstrate purchase of technology upgrade that will support practice operations and CRISP connection
4	Technology Upgrade Go-Live	Complete technology upgrade go-live and training	Complete go-live and training for technology upgrade that will support practice operations and CRISP connection
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP
Track 3: Optimize Existing EHR or Case Management System			
#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	Integration Technology Purchase	Sign technology integration purchase agreement and develop implementation timeline; Complete technology integration and training	Demonstrate purchase of technology integration that will support practice operations and CRISP connection; Complete training for technology integration that will support practice operations and CRISP connection
4	N/A	N/A	N/A
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Eligibility

Provider Organizations must meet basic HCBS eligibility requirements outlined by DHCF in order to participate in the program.

Program Eligibility

- A non-profit or for-profit entity or governmental entity
- A Medicaid provider and have adjudicated claims from Department of Health Care Finance (DHCF) to provide services either through contract or fee-for-service
- Licensed, as applicable, by an affiliated government agency:
 - Department of Behavioral Health (DBH):
 - Mental Health Rehabilitation Services (MHRS).
 - Adult Substance Use Rehabilitation Services (ASURS); and
 - other Rehabilitation Services providers certified to provide services to the extent permitted by and in accordance with District law and regulations
 - Department of Health Care Finance (DHCF):
 - Home Health Agencies (HHA).
 - Assisted Living Facilities (ALF); and
 - Certified Medical Assistants (CMA) providers licensed to diagnose and treat health care conditions to the extent permitted by and in accordance with District law and regulations.
 - Home and community-based service providers enrolled by DHCF to deliver 1915(c) or 1915(i) services or supports, which includes Adult Day Health Programs (ADHP)
 - Department of Disability Services (DDS):
 - Home and community-based service providers delivering 1915(c) services or supports, which includes services authorized under the People with Intellectual and Developmental Disabilities HCBS Waiver Program (IDD Waiver) and the Individual and Family Supports HCBS Waiver Program (IFS Waiver)
 - Department of Human Services (DHS):
 - Home and community-based service providers enrolled by DHCF to deliver 1915(i) services or supports, which includes Housing Support Services

Payment Methodology

Provider organizations will receive incentive payments based on their track and milestone selection. Below outlines the overall and milestone incentive dollars available for participating HCBS participation organizations.

Please note, prior to receiving incentive dollars, attestations will go through thorough pre-payment verification processes.

TRACK	TOTAL	M1	M2	M3	M4	M5	M6
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Track 1	\$44,000	\$2,000	\$2,000	\$22,500	\$7,500	\$5,000	\$5,000
Track 2	\$26,000	\$2,000	\$2,000	\$8,000	\$4,000	\$5,000	\$5,000
Track 3	\$17,000	\$2,000	\$2,000	\$3,000	\$0	\$5,000	\$5,000

Incentive Payments

An incentive payment can be approved upon completion of the attestation process including submission of the electronic attestation and receipt of required documentation and validation by DCHF.

Program Integrity

DCHF will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process including risk assessment, receipt of a complaint, or inclusion into reviews selected for other objectives. Providers should be sure to retain all supporting documentation for six (6) years from the date of attestation.

Accessing State Level Repository

The provider organization will begin the HCBS Promoting Interoperability Program registration process by accessing the DC SLR system at [DCSLR](#) (sign-in screen shown below).

DCSLR Program Home Screen



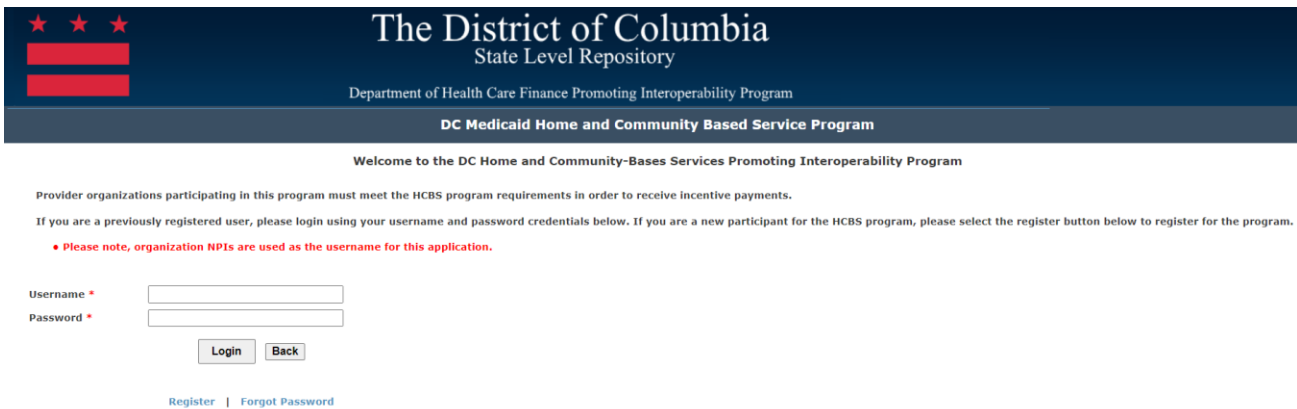
The provider organizations will select the appropriate program for which they are participating in to navigate to the correct login/registration screen.

For the purposes of this user manual and this program, provider organizations should select the HCBS Promoting Interoperability Program link.

HCBS Login Screen

Previously registered provider organizations accessed the program attestation portal by using their NPI and previously identified password.

New participants will be required to register for the program by selecting the blue 'Register' hyperlink under the login information.



Navigation:

Login – submits login credentials and takes user to home screen

Back - Takes user back to previous screen

Cancel Button – Removes the data that has been entered by the EP

HCBS Registration Screen

New users will register for the HCBS Program by entering in the below required fields. Upon submission, your registration details will be submitted to DHCF for review of eligibility.

Upon approval of registration an autogenerated email will be sent to both the provider organization and Technical Assistant (TA) email contacts provided.

Registration Details

Completed the following registration details. All fields are required for registration

Provider Organization Details

Group NPI *

Provider Organization Name *

TIN: *

Payee NPI

Payee TIN*

Address*

City*

State*

Zip*

Provider Organization Contact Details

Provider Organization Email*

Provider Organization Phone*

Provider Organization POC*

Technical Assistance (TA) Details

TA Name *

TA Email *


TA Phone *

Create Password

Password must be at least 8 or more characters in length. It must have at least 1 Capital letter, 1 Lowercase letter and 1 number.

Password *

Confirm Password *

I'm not a robot 

Navigation:

Submit Button – Saves the data entered and submits the user’s registration details

Cancel Button – Removes the data that has been entered by the user

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DCSLR Home Screen

Upon successful login to the SLR application users will view the home screen below. Here the EP will select the Track they wish to attest to and begin their attestation process.

The District of Columbia
State Level Repository
Department of Health Care Finance Promoting Interoperability Program

NPI: 1407399058

SLR Home: Test Org (Year 6 Attestation)

View All Payment Years
Issues/Concerns
Document Upload
E-mail to DC PI Program
SLR Provider Guides

HCBS Program Payment Details

Payment Year	Provider Organization Name	Payee NPI	Payment Amount	Payment Date	Payment Type
1	Test Org	1407399058	2000.00	09/02/2022	Initial
2	Test Org	1407399058	5000.00	10/17/2022	Initial
3	Test Org	1407399058	2000.00	10/17/2022	Initial
4	Test Org	1407399058	22500.00	10/17/2022	Initial
5	Test Org	1407399058	7500.00	10/17/2022	Initial
6	Test Org	1407399058	5000.00	10/17/2022	Initial

HCBS PI Program

Program Track	Description of Program Track
Track 1	Appropriate for provider organizations that have not yet adopted an EHR or case management system in their practice. Track 1 organizations will receive technical assistance to acquire, purchase or secure access to certified EHR technology. Additionally, technical assistance will support and assist with the installation or commence utilization of certified EHR technology.
Track 2	Appropriate for provider organizations that need to upgrade to a certified EHR or case management system. Track 2 organizations will receive technical assistance to update and expand the functionality of certified EHR technology.
Track 3	Appropriate for provider organizations that would like to optimize their existing (certified or non-certified) EHR or case management system. Track 3 organizations will receive technical assistance to purchase potential gap tools or other direct integration tools to ultimately enable a secure connection to the DC HIE.

Select one of the following Actions:
****If you are beginning a new attestation you will also need to select a program year.**

Program Year	Payment_Year	Status	Action
Track 1	1	Paid	View
Track 1	2	Paid	View
Track 1	3	Paid	View
Track 1	4	Paid	View
Track 1	5	Paid	View
Track 1	6	Paid	View

Navigation:

View/View Attestation – Routes the EP to the Registration/Payee Confirmation page of the completed attestation

Begin/Modify Attestation – Routes the EP to the Registration/Payee Confirmation page of the completed attestation

Registration/Payee Confirmation Screen

The Registration page includes details carried over from the registration. This information cannot be edited from the DC SLR portal. In the instance incorrect information is displayed, the provider should contact the DHCF HCBS Promoting Interoperability Program administrators for necessary corrections.

In addition to the registration details there is also a section for providers to confirm their Medicaid ID. This confirmation is done through an automated process where the registration details are matched to the MMIS details for the provider. In the instance there is no information populated, the user should follow the directions on the screen and contact DCHF Promoting Interoperability Program for further clarification.

★ ★ ★
The District of Columbia
State Level Repository
Department of Health Care Finance Promoting Interoperability Program
NPI: 1407399058
Registration and Payee Confirmation (Year 6 Attestation)

View All Payment Years
Issues/Concerns
Document Upload
E-mail to DC PI Program
SLR Provider Guides ▶

The current status of your application for the year payment is 'PAID'

Registration Data

Group NPI: Applicant TIN:
Payee NPI: Payee TIN:
Provider Organization Name: Provider Organization Email:
Provider Organization POC: Provider Organization Phone:
Address: City:
State: Zip:
TA Name: TA Email:
TA Phone:

*** If any of the above information is incorrect, please return to the Registration and Attestation System to correct it.

DC Medicaid Data

The Payee NPI and Payee TIN you provided at CHS drives the SLR to pre-populate the Payee Medicaid ID field with all associated active DC Medicaid IDs. If there are multiple active Medicaid IDs, they are displayed in the drop-down from which you must select the Medicaid ID to which you are reassigning your incentive.

*** If no information is pre-populated in the Payee Medicaid ID field, either the Payee TIN/Payee NPI is not associated in the Medicaid Management Information System with an active DC Medicaid ID, or there is an issue with the SLR search of the MMIS data. Please contact DC PI Program staff at DC SLR@dc.gov, for assistance.

Payee Medicaid ID:
Payee Name:
Mailing Address
Address 1:
City/State:
Zip Code:

Previous Next Save

Navigation

Previous – Returns the EP to the previous screen

Next – Routes the user to the attestation screen

Save – Saves the data

Attestation Screen

Users are required to select the Track in which they are attesting to. Track selection should match selection noted on the home screen when beginning the attestation.

Track selections should remain the same through the series of attestations and milestones can only be selected 1 time for payment.

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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NPI: 1407399058

Home and Community Based Service Program (Year 6 Attestation)

View All Payment Years
Issues/Concerns
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DC HCBS Program Attestation

HCBS Objective 1 of 1

(*) Red asterisks indicate a required field

Measures: HCBS PI Program Tracks

Track 1: Implement a New EHR
Appropriate for provider organizations that have not yet adopted an EHR or case management system in their practice. Track 1 organizations will receive technical assistance to acquire, purchase or secure access to certified EHR technology. Additionally, technical assistance will support and assist with the installation or commence utilization of certified EHR technology.

#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	New Technology Purchase	Sign new technology purchase agreement and develop implementation timeline	Demonstrate purchase of new technology that will support practice operations and CRISP connection
4	New Technology Go-Live	Complete technology go-live and training	Complete go-live and training for new technology that will support practice operations and CRISP connection
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Track 2: Upgrade an Existing EHR
Appropriate for provider organizations that need to upgrade to a certified EHR or case management system. Track 2 organizations will receive technical assistance to update and expand the functionality of certified EHR technology.

#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	Technology Upgrade Purchase	Sign technology upgrade purchase agreement and develop implementation timeline	Demonstrate purchase of technology upgrade that will support practice operations and CRISP connection
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Track 3: Optimize Existing EHR or Case Management System
Appropriate for provider organizations that would like to optimize their existing (certified or non-certified) EHR or case management system. Track 3 organizations will receive technical assistance to purchase potential gap tools or other direct integration tools to ultimately enable a secure connection to the DC HIE.

#	Milestone Title	Description	Objective
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Complete the following:

* Select the following track and milestone which reflects your current level of participation for this attestation

- Track 1: Implement a new EHR
- Track 2: Upgrade existing EHR to CEHRT
- Track 3: Existing EHR or Case Management System

Previous

Next

Save

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

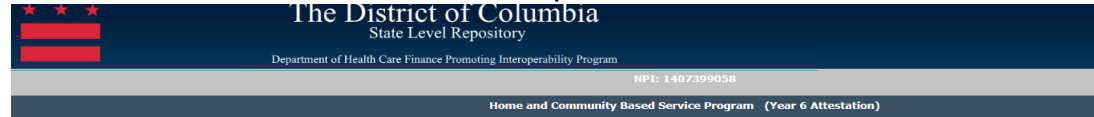
Cancel Button – Removes the data that has been entered by the EP

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Track 1 Milestones

Selection of Track 1 on the attestation screen will display the following milestones.

Track and milestone selections are required to move to the next screen.



View All Payment Years
Issues/Comments
Document Upload
Email to DC PI Program
BLR Provider Guides

DC HCBS Program Attestation
HCBS Objective 1 of 1
(*) Red asterisks indicate a required field
Measures: HCBS PI Program Tracks

Track 1: Implement a New EHR
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Track 2: Upgrade an Existing EHR
Appropriate for provider organizations that need to upgrade to a certified EHR or case management system. Track 2 organizations will receive technical assistance to update and expand the functionality of certified EHR technology.

#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
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Track 3: Optimize Existing EHR or Case Management System
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6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Complete the following:

* Select the following track and milestone which reflects your current level of participation for this attestation

- Track 1: Implement a new EHR
 - Milestone 1.1: Participation Agreement
 - Milestone 1.2: Complete TA Training and Education
 - Milestone 1.3: EHR Go-Live
 - Milestone 1.4: Connect to the DC HIE to view clinical information
 - Milestone 1.5: Send patient encounter information to the DC HIE
 - Milestone 1.6: Send clinical documents to the DC HIE
- Track 2: Upgrade existing EHR to CEHRT
- Track 3: Existing EHR or Case Management System

Previous

Next


Save

HCBS Promoting Interoperability Program User Manual

Track 2 Milestones

Selection of Track 2 on the attestation screen will display the following milestones.

Track and milestone selections are required to move to the next screen.



The District of Columbia

State Level Repository

Department of Health Care Finance Promoting Interoperability Program

NPI: 1407399058

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DC HCBS Program Attestation

HCBS Objective 1 of 1

(*) Red asterisks indicate a required field

Measures: HCBS PI Program Tracks

Track 1: Implement a New EHR

Appropriate for provider organizations that have not yet adopted an EHR or case management system in their practice. Track 1 organizations will receive technical assistance to acquire, purchase or secure access to certified EHR technology. Additionally, technical assistance will support and assist with the installation or commence utilization of certified EHR technology.

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Track 2: Upgrade an Existing EHR

Appropriate for provider organizations that need to upgrade to a certified EHR or case management system. Track 2 organizations will receive technical assistance to update and expand the functionality of certified EHR technology.

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1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	Technology Upgrade Purchase	Sign technology upgrade purchase agreement and develop implementation timeline	Demonstrate purchase of technology upgrade that will support practice operations and CRISP connection
4	Technology Upgrade Go-Live	Complete technology upgrade go-live and training	Complete go-live and training for technology upgrade that will support practice operations and CRISP connection
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Track 3: Optimize Existing EHR or Case Management System

Appropriate for provider organizations that would like to optimize their existing (certified or non-certified) EHR or case management system. Track 3 organizations will receive technical assistance to purchase potential gap tools or other direct integration tools to ultimately enable a secure connection to the DC HIE.

#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	Integration Technology Purchase	Sign technology integration purchase agreement and develop implementation timeline; Complete technology integration and training	Demonstrate purchase of technology integration that will support practice operations and CRISP connection; Complete training for technology integration that will support practice operations and CRISP connection
4	N/A	N/A	N/A
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Complete the following:

* Select the following track and milestone which reflects your current level of participation for this attestation

Track 1: Implement a new EHR

Track 2: Upgrade existing EHR to CEHRT

- Milestone 2.1: Participation Agreement
- Milestone 2.2: Complete TA Training and Education
- Milestone 2.3: EHR upgrade
- Milestone 2.4: Connect to the DC HIE to view clinical information
- Milestone 2.5: Send patient encounter information to the DC HIE
- Milestone 2.6: Send clinical documents to the DC HIE

Track 3: Existing EHR or Case Management System


Previous
Next
Save

HCBS Promoting Interoperability Program User Manual

Track 3 Milestones

Selection of Track 3 on the attestation screen will display the following milestones.

Track and milestone selections are required to move to the next screen.



The District of Columbia
State Level Repository

Department of Health Care Finance Promoting Interoperability Program

NPI: 1407399058

Home and Community Based Service Program (Year 6 Attestation)

DC HCBS Program Attestation

HCBS Objective 1 of 1

(*) Red asterisks indicate a required field

Measures: HCBS PI Program Tracks

Track 1: Implement a New EHR

Appropriate for provider organizations that have not yet adopted an EHR or case management system in their practice. Track 1 organizations will receive technical assistance to acquire, purchase or secure access to certified EHR technology. Additionally, technical assistance will support and assist with the installation or commencement utilization of certified EHR technology.

#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	New Technology Purchase	Sign new technology purchase agreement and develop implementation timeline	Demonstrate purchase of new technology that will support practice operations and CRISP connection
4	New Technology Go-Live	Complete technology go-live and training	Complete go-live and training for new technology that will support practice operations and CRISP connection
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Track 2: Upgrade an Existing EHR

Appropriate for provider organizations that need to upgrade to a certified EHR or case management system. Track 2 organizations will receive technical assistance to update and expand the functionality of certified EHR technology.

#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	Technology Upgrade Purchase	Sign technology upgrade purchase agreement and develop implementation timeline	Demonstrate purchase of technology upgrade that will support practice operations and CRISP connection
4	Technology Upgrade Go-Live	Complete technology upgrade go-live and training	Complete go-live and training for technology upgrade that will support practice operations and CRISP connection
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Track 3: Optimize Existing EHR or Case Management System

Appropriate for provider organizations that would like to optimize their existing (certified or non-certified) EHR or case management system. Track 3 organizations will receive technical assistance to purchase potential gap tools or other direct integration tools to ultimately enable a secure connection to the DC HIE.

#	Milestone Title	Description	Objective
1	Participation Agreement	Sign Participation Agreement	Complete a Kick-off meeting to launch technical assistance
2	Scope of Services	Sign Scope of Services	Complete customized scope of services and practice work plan based on a practice assessment
3	Integration Technology Purchase	Sign technology integration purchase agreement and develop implementation timeline; Complete technology integration and training	Demonstrate purchase of technology integration that will support practice operations and CRISP connection; Complete training for technology integration that will support practice operations and CRISP connection
4	N/A	N/A	N/A
5	Encounter Data to DC HIE	Connect to CRISP & send encounter data to DC HIE	Actively and routinely send encounter data to CRISP
6	Clinical Data to DC HIE	Connect to CRISP & send clinical notes to DC HIE	Actively and routinely send clinical data to CRISP

Complete the following:

* Select the following track and milestone which reflects your current level of participation for this attestation

- Track 1: Implement a new EHR
- Track 2: Upgrade existing EHR to CEHRT
- Track 3: Existing EHR or Case Management System
 - Milestone 3.1: Participation Agreement
 - Milestone 3.2: Complete TA Training and Education
 - Milestone 3.3: Purchase gap tools or direct integration tools to connect to DC HIE
 - Milestone 3.4: Connect to the DC HIE to view clinical information
 - Milestone 3.5: Send patient encounter information to the DC HIE
 - Milestone 3.6: Send clinical documents to the DC HIE

View All Payment Years
Issues/Concerns
Document Upload
Email to DC PI Program
LR Provider Guides

Documentation Upload

This page will allow the EP to attach documentation with their attestation.

Clicking on the 'Browse' button will allow the EP to search and select the documents they would like to attach

Clicking on the 'Upload' button will attach and save the document relating to the current attestation payment year.

Only PDFs, Word, and Excel documents are compatible to be uploaded.

Upon navigating to the screen, the instruction and reference documentation displayed will only display the required documentation for the specific track and milestone selected.

The screenshot shows the 'Document Upload' screen for the 'Home and Community Based Service Program (Year 6 Attestation)'. It includes instructions on how to upload documents and a table of existing uploads.

Payment Year	File Name	Document Uploaded Date
View 6	DC HCBS Project Plan.xlsx	10/17/2022 2:56:30 PM

Buttons for 'Previous' and 'Next' are visible at the bottom.

Below displays an overall sample of all of the required documentation depending on the track and milestone selection.

The screenshot shows the 'Document Upload' screen for the 'DC Medicaid Home and Community Based Service Program (Year 1 Attestation)'. It lists various milestones and their requirements for three tracks.

Track 1 Documentation: Implement a New EHR

- Milestone 1.1: Participation Agreement
- Milestone 1.2: TA training and Education Certificate
- Milestone 1.3: EHR On-Use Confirmation
- Milestone 1.4: Confirmation of connection to DC HIE for viewing of clinical data
- Milestone 1.8: Proof patient encounter information to DC HIE
- Milestone 1.6: Proof of clinical documents in the DC HIE

Track 2 Documentation: Upgrade an Existing EHR

- Milestone 2.1: Participation Agreement
- Milestone 2.2: TA training and Education Certificate
- Milestone 2.3: EHR upgrade confirmation
- Milestone 2.4: Confirmation of connection to DC HIE for viewing of clinical data
- Milestone 2.8: Proof patient encounter information to DC HIE
- Milestone 2.6: Proof of clinical documents in the DC HIE

Track 3 Documentation: Optimize Existing EHR or Case Management System

- Milestone 3.1: Participation Agreement
- Milestone 3.2: TA training and Education Certificate
- Milestone 3.3: Proof of gap tool purchase or direct migration tools to connect to DC HIE
- Milestone 3.4: Confirmation of connection to DC HIE for viewing of clinical data
- Milestone 3.8: Proof patient encounter information to DC HIE
- Milestone 3.6: Proof of clinical documents in the DC HIE

Payment Year	File Name	Document Uploaded Date	Delete
View 1	DC HCBS Project Plan.xlsx	8/31/2022 9:52:53 PM	Delete

Buttons for 'Previous' and 'Next' are visible at the bottom.

Navigation:


Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the user to the next screen

HCBS Promoting Interoperability Program User Manual

Attestation Statement Screen

The user must confirm they apply with the detailed attestation statement, then enter their initials and NPI, and the preparer initials and name in order to submit their attestation.



The District of Columbia
State Level Repository
Department of Health Care Finance Promoting Interoperability Program
NPI: 1881199495

DC Medicaid Home and Community Based Service Program (Year 1 Attestation)

View All Payment Years
Issues/Concerns
Document Upload
E-mail to DC FS Program
SLR Provider Guide

Please verify the following information:

Registration Data	
Applicant National Provider Identifier (NPI):	Applicant TIN:
Payee NPI:	Payee TIN:
Organization Name:	Organization Email:
Organization POC:	Organization Phone:
Address:	City:
State:	Zip:
TA Name:	TA Email:
TA Phone:	

Track and Milestone

Payment Year	Track	Milestone
1	Track 1	Milestone 1.1

The District of Columbia requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider organization, or on behalf of the provider organization, is accurate and complete. **No HCBS Promoting Interoperability Program (HCBS PIP) incentive payment may be paid unless this registration form is completed and accepted as required by existing law and regulations.**

Use of Information and Disclosures:

ROUTINE USES: Information from DC HCBS Promoting Interoperability Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional offices in response to inquiries made at the request of the government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the HCBS Promoting Interoperability Program.

ADDITIONAL USES: Information gleaned from submitted data may be used for reporting purposes as well as quality improvement programs.

DISCLOSURES: This program is voluntary and the failure to submit requested additional information will result in delay of payment or payment denial. There is no penalty for failure to submit additional needed information for payment purposes. However, failure to furnish subsequently requested information or documents may be reported immediately and The Patient Protection and Affordable Care Act, Section 540, Section 1128J, provides penalties for withholding this information.

Attestation Statements:

I understand that to qualify for a HCBS Promoting Interoperability incentive payment, a participating provider organization must ensure they meet the following requirements to maintain eligibility for continued program participation:

- A non-profit or for-profit entity or governmental entity
- A Medicaid provider and have adjudicated claims from Department of Health Care Finance (DHCF) to provide services either through contract or fee-for-service
- Licensed, as applicable, by an affiliated government agency:
 - Department of Behavioral Health (DBH):
 - Mental Health Rehabilitation Services (MHRS);
 - Adult Substance Use Rehabilitation Services (ASURS); and
 - other Rehabilitation Services providers certified to provide services to the extent permitted by and in accordance with District law and regulations
 - Department of Health Care Finance (DHCF):
 - Home Health Agencies (HHA);
 - Assisted Living Facilities (ALF);
 - Skilled Nursing Facilities (SNF); and
 - Certified Medical Assistants (CMA) providers licensed to diagnose and treat health care conditions to the extent permitted by and in accordance with District law and regulations.
 - Home and community-based service providers enrolled by DHCF to deliver 1915(c) or 1915(i) services or supports, which includes Adult Day Health Programs (ADHP)
 - Department of Disability Services (DDS):
 - Home and community-based service providers delivering 1915(c) services or supports, which includes services authorized under the People with Intellectual and Developmental Disabilities HCBS Waiver Program (DD Waiver) and the Individual and Family Supports HCBS Waiver Program (IFS Waiver)
 - Department of Human Services (DHS):
 - Home and community-based service providers enrolled by DHCF to deliver 1915(i) services or supports, which includes Housing Support Services

I hereby certify that I am deemed eligible per HCBS PIP Eligibility Requirements, and that this attestation can be supported by documentation either requested or submitted as part of the HCBS PIP application process.

The provider organization is voluntarily participating in the DC HCBS Promoting Interoperability Program, and the provider organization understands that anyone who misrepresents or falsifies essential information in order to receive payment from Federal funds under this program may, upon convictions, be subject to fine and imprisonment under applicable laws. The provider understands that the District of Columbia Department of Health Care Finance can elect to review, verify and/or audit all information provided or provided on the provider's behalf, both prior to payment being issued and after payment has been made. The provider understands that falsification of any information may result in the provider being declared ineligible to participate in the program and that any incentive payments found to have been made based on fraudulent information or attestation may be recouped by the state. The provider understands that the HCBS PIP incentive payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

The provider organization hereby agrees to keep such records, for a minimum of 10 years, to demonstrate that the provider organization has met all HCBS PIP requirements and to furnish those records to the DHCF or an contractor working on their behalf.

This is to certify that the foregoing information is true, accurate, and complete. I understand that the payment requested under the HCBS PIP will be paid from federal American Rescue Plan Act (ARPA) funds and that the use of false claims, statement or documents, or the concealment of a material fact used to obtain a HCBS PIP payment, may be prosecuted under applicable Federal or State criminal laws and may also subject to civil penalties.

By checking this box, I, Test Test certify that I am the above named eligible professional and my electronic signature provided on this form is authentic and has the same validity and legally binding effect as signing the attestation form by hand ink.

*Initials:
*NPI:
*Prepare Initials:
*Prepare Name:

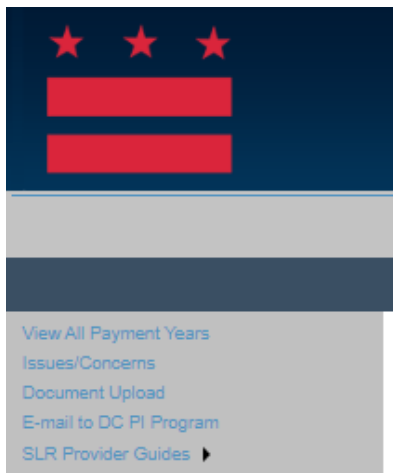
Successful Submission

Once successfully submitted, the following screen will display. At this point the EP can logout or select the 'Click here' icon to return to the home page.



Left Navigation Menu

The following links can be accessed via the left navigation menu of the application. The menu is available on all screens within the SLR.



View All Payment Years

The View All Payment Years screen is accessed by a link that is located on the left navigation menu. This screen is read only and will display all payment and/or adjustments that have been recorded in the DC SLR application.

If an organization was previously paid for the HCBS Promoting Interoperability Program, prior to the implementation of DC SLR, then the payment will not display.

HCBS Promoting Interoperability Program User Manual

The District of Columbia
State Level Repository
Department of Health Care Finance Promoting Interoperability Program
NPI: 1790134807
(Year 5 Attestation)

View All Payment Items
Issues/Concerns
Document Upload
E-mail to DC PI Program
SLR Provider Guides

Payments Details:

Track	Payment Year	Payment Date	Payment Amount	Organization Name
Track 1	5	8/22/2022 12:00:00 AM	2000.00	Test Org

Issues and Concerns

The Issues and Concerns link is located on the left navigation menu and is a screen where a user can communicate information with DC SLR staff concerning their attestation details.

The District of Columbia
State Level Repository
Department of Health Care Finance Promoting Interoperability Program
NPI: 1790134807
Issues/Concerns (Year 5 Attestation)

View All Payment Items
Issues/Concerns
Document Upload
E-mail to DC PI Program
SLR Provider Guides

If you have any issue with the determination of your incentive payment application including but not limited to Eligibility, Patient Volume or Payment Amount, you can notify us using the form below. Please be further advised that you also have access to a formal appeal process. Should you have difficulty attesting a file, please email the DC SLR team at dsr@dc.gov.

Year	Issue	Date Entered	Issue/Concern Status	Issue/Concern Description	Issue Category
No Issues Found					

Enter the Issue/Concern below:

Issue Category:

Description:

Documentation Upload

The Documentation Upload link can be located on the left navigation menu. This link will display a screen where users can view and upload supporting documentation for their attestation at any point without navigating through their entire attestation.

The District of Columbia
State Level Repository
Department of Health Care Finance Promoting Interoperability Program
NPI: 1790134807
DC Medicaid Home and Community Based Service Program (Year 5 Attestation)

View All Payment Items
Issues/Concerns
Document Upload
E-mail to DC PI Program
SLR Provider Guides

The Document Upload screen allows you to upload required and/or optional documentation (PDF, Word, or Excel files) to support your HCBS Program attestation. Should you have difficulty attesting a file, please email the DC SLR team at dsr@dc.gov.

Below is a list of required documentation that must be uploaded to support your attestation based on your track and milestone.

Track 1 Documentation: Implement a New EHR

- Milestone 1.1: Participation Agreement
- Milestone 1.2: Training and Education Certificate
- Milestone 1.3: EHR Go Live Confirmation
- Milestone 1.4: Confirmation of connection to DC HIE for viewing of clinical data
- Milestone 1.5: Proof patient encounter information to DC HIE
- Milestone 1.6: Proof of clinical documents in the DC HIE

Track 2 Documentation: Upgrade an Existing EHR

- Milestone 2.1: Participation Agreement
- Milestone 2.2: Training and Education Certificate
- Milestone 2.3: EHR upgrade confirmation
- Milestone 2.4: Confirmation of connection to DC HIE for viewing of clinical data
- Milestone 2.5: Proof patient encounter information to DC HIE
- Milestone 2.6: Proof of clinical documents in the DC HIE

Track 3 Documentation: Optimize Existing EHR or Case Management System

- Milestone 3.1: Participation Agreement
- Milestone 3.2: Training and Education Certificate
- Milestone 3.3: Proof of gap tool purchase or direct integration tools to connect to DC HIE
- Milestone 3.4: Confirmation of connection to DC HIE for viewing of clinical data
- Milestone 3.5: Proof patient encounter information to DC HIE
- Milestone 3.6: Proof of clinical documents in the DC HIE

The DC SLR Team may contact you after your attestation is submitted to request any additional documentation. Documentation uploaded with your attestation does not prevent providers from being requested to submit additional documentation (via pre-payment review or post-payment audits). The provider must retain documentation supporting the attestation for a minimum of 10 years from the provider's last participation year in the program.

Payment Year	File Name	Document Uploaded Date
5	Transfer Data Analysis.xlsx	8/31/2022 9:31:21 PM

Upload a new document: (Word, Excel, or PDF)

No file chosen

(The file size limit is 50MB per document file)

[Email to the Promoting Interoperability Program](#)

This link provides a direct email to pop-up to the DCHF HCBS Promoting Interoperability Program. All questions concerning program-based questions and policies should be directed to DCHF Promoting Interoperability Staff.

[SLR Provider Guides](#)

The SLR Provider Guides link is located on the left navigation menu. The Manual link will give the provider quick access to the User Manuals from their Attestation. By clicking on the link, a new window will open in the internet browser and will display the User Manual that the provider can review as necessary.