

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**Quarterly Spending Plan and Narrative Update for Enhanced  
Funding for Medicaid Home and Community-Based Services  
under Section 9817 of the American Rescue Plan Act of 2021**

**February 2022**

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## Quarterly Spending Plan Narrative Update

Section 9817 of the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2) provides states with a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid home and community-based services (HCBS). States must use funds equivalent to the amount of federal funds attributable to the increased FMAP to implement activities that enhance, expand, or strengthen Medicaid HCBS. In its Initial Narrative and Spending Plan, the District proposed to utilize ARPA funding to enhance, expand, and strengthen HCBS in four major areas:

- Provider Reimbursement and Workforce Recruitment, Retention, and Development;
- Expanding Services and Increasing Access to Services;
- Quality Oversight, Infrastructure, and Provider Capacity Building; and
- Beneficiary Education, Support, and Supporting Transitions of Care

The District of Columbia (District) received partial approval of its Initial Narrative and Spending Plan from the Centers for Medicare and Medicaid Services (CMS) effective August 31, 2021 and provided response to request for additional information on contained therein on September 14, 2021. The District also incorporated responses and requested edits into its November 2021 quarterly update and its into an amended version of its Initial Narrative and Spending Plan.

As implementation of initiatives begins, the District is working to ensure accurate reporting of actual expenditures. Reporting of actual spending related to ARPA initiatives will be included in subsequent quarterly reports. While there are only minor spending updates, detail on the District's progress toward implementation of proposed initiatives is summarized below.

The District is also proposing additional activities that enhance, expand, or strengthen Medicaid HCBS for CMS review and approval. The District is proposing four additional initiatives to those already submitted for CMS review with the November 2021 quarterly update. As part of the District's ongoing public engagement around its ARPA 9817 Initial Narrative and Spending Plan, an overview of these newly proposed initiatives and status of CMS reviews was presented to the District of Columbia Medical Advisory Committee: Long Term Services and Supports Sub-Committee on December 8, 2021. Stakeholders agreed with the purpose and intent of the newly proposed initiatives, so they are included below. All of the District's ARPA 9817 submissions and materials remain available for stakeholder review on DHCF's [website](#).

Finally, the District is proposing a clarifying edit across many initiatives with regard to pursuit of federal financial participation. While the District will not be including the many of these initiatives as State Plan or Waiver services, the District will be seeking federal matching funds at the applicable administrative matching percentage where permitted.

## **Provider Reimbursement and Workforce Recruitment, Retention, and Development**

- **Direct Support Professional Bonus Payment**

Projected Cost: \$4.6M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Utilize ARPA funding for bonus payments to a targeted group of direct support professionals that deliver services under the 1915(c) HCBS Waiver for People with Intellectual and Developmental Disabilities and the 1915(c) HCBS Waiver for Individual and Family Support.

**February 2022 Update:**

The District sought approval of this initiative in its latest 1915(c) Appendix K submission. The Appendix K was approved by CMS effective September 24, 2021. The approved Appendix K only authorized reimbursement of this supplemental payment through September 30, 2021. The District intends to submit an amendment authorizing reimbursement through March 31, 2024 in the coming weeks. Following approval, the District will provide additional guidance to providers and begin distribution of supplemental payment funds.

- **Direct Care Worker\* Recruitment and Conversion Bonus Payments**

Projected Cost: \$8.14M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

To increase the pool of qualified staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, fund one-time bonuses through disbursements to HCBS providers for (1) recruitment of new, certified direct care staff to deliver Medicaid-reimbursable services; and (2) conversion of staff employed during the PHE through reciprocity or flexibility agreements to certified direct care staff.

**February 2022 Update:**

The District is finalizing State Plan and 1915(c) HCBS Waiver policy proposals to support implementation of direct care worker bonus payments. The District intends to submit policy for CMS review within the quarter.

- **Direct Care Worker Retention Bonus Payments**

Projected Cost: \$17.7M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

To maintain the pool of qualified staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, fund worker bonuses through disbursements to HCBS providers for payment of year-over-year retention bonuses to certified direct care staff in Medicaid service delivery. The initiative will fund up to two retention bonuses to workers meeting program requirements.

**February 2022 Update:**

The District is finalizing State Plan and 1915(c) HCBS Waiver policy proposals to support implementation of direct care worker retention payments. The District intends to submit policy for CMS review within the quarter.

- **Direct Care Worker Transportation Benefit**

Projected Cost: To Be Determined (TBD)

Programs Impacted: 1915(c) EPD Waiver; State Plan Home Health

Fund an update to HCBS provider reimbursement methodologies that supports the reasonable costs associated with direct care workers traveling to provide services to Medicaid beneficiaries.

**February 2022 Update:**

The District is reviewing State Plan and 1915(c) HCBS Waiver policy options to support implementation of direct care worker transportation benefit. The District intends to submit amendments, as needed, to CMS for review and approval in the coming months.

- **Direct Care Worker Training**

Projected Cost: \$400,000

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

Education and resources for training direct care and provider staff on person-centered thinking, HCBS Setting rules, behavior management supports for people experiencing cognitive decline or with other complex care needs.

**February 2022 Update:**

The District is finalizing plans to hire and onboard a program coordinator that will be responsible for education and training for providers, including District led training and education programs, assessment of provider-driven training and education programs, and coordination across District agencies on provider development.

- **Direct Care Worker Vaccination Incentive**

Projected Costs: TBD

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS

Under this initiative the District will reimburse HCBS providers for reasonable costs incurred to incentivize direct care workers to receive the COVID-19 vaccine and any recommended boosters. The District will reimburse providers for the costs associated with staff bonus payments, paid leave, or other incentive structure approved by the District.

**February 2022 Update:**

The District has provided preliminary guidance to District stakeholders on proposed implementation of the vaccine incentive program in September 2021.

In the November 2021 update, the District stated that there was no intent to draw FFP for this initiative. After reviewing policy its policy options, the District is developing State Plan and 1915(c) HCBS Waiver policy proposals to support implementation of this initiative. The District intends to submit policy for CMS review within the quarter. Following review and approval of corresponding policy submissions by CMS, the District intends to claim FFP for this initiative.

- **DDS Behavioral Health Initiative**

Projected Costs: \$1M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Enter into a contract to provide consultation for the development of a community-based tertiary care crisis intervention system for individuals with I/DD and behavioral health needs. Engage with the Institute for Applied Behavior Analysis to provide ongoing training in Positive Behavior Supports for both DDS and DBH non-clinician providers and the goal would be to teach them how to manage behaviors (not necessarily dangerous behaviors) and build functional skills.

**February 2022 Update:**

The District is developing procurement materials to engage contractors that will 1) provide consultation for the development of a community-based tertiary care crisis intervention system for individuals with I/DD and behavioral health needs; and 2) to provide ongoing training in Positive Behavior Supports for both DDS and DBH non-clinician providers. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

- **Retainer Payment Extension**

Projected Costs: \$1.1M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Fund extension of retainer payments for IDD/IFS day providers as authorized by SMD #21-003.

**February 2022 Update:**

Implementation of this initiative is ongoing. The District intends to quantify and report actual expenditures under this initiative in subsequent quarterly updates.

- **Developmental Disability Provider Rate Study**

Projected Costs: \$1.1M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Conduct a study on the adequacy reimbursement for providers under the IFS and IDD waivers by engaging the services of an external actuary to evaluate Medicaid reimbursement rates for all services, with the goal of ensuring the reimbursement rates remain competitive and adequate for high-quality services and supports to Medicaid recipients.

**February 2022 Update:**

The District continues to develop procurement materials that will permit engagement of an external actuary to evaluate Medicaid reimbursement services for the 1915(c) IFS and IDD Waivers. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

**Expanding Services and Increasing Access to Services**

- **Certified Medication Aides (C-MAs) and Services**

Project Costs: TBD

Programs Impacted: State Plan Home Health

Expand scope of services of State Plan Home Health services to include services provided by C-MAs; update home health reimbursement methodology to establish reimbursement rate for C-MAs.

**February 2022 Update:**

The District continues to review and discuss State Plan policy options to facilitate implementation of this initiative.

- **DDS Telehealth Initiative**

Projected Costs: \$1.42M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Increase access to telehealth for beneficiaries with I/DD by acquiring application and technology solutions that will allow them to remotely access urgent care physician services.

**February 2022 Update:**

The District is awaiting CMS conditional approval of this initiative based on information submitted in response to CMS request for additional information. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

- **Therapeutic Services to Prevent Functional Decline**

Projected Costs: \$10M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health

Fund implementation of services and programmatic changes to increase the capacity of beneficiaries to remain in the community. Activities include establishment of a triage team to focus on high-risk beneficiaries (as identified by enhanced InterRAI tools described below); funding for changes to the scope of State Plan DME; and recruitment of physical therapy assistants, as extenders to physical therapists.

**February 2022 Update:**

As stated in the November 2021 update, the District will utilize ARPA funds to establish triage team of clinicians to focus on high-risk beneficiaries under this initiative. The District continues to advance hiring efforts for this team and hopes to onboard the triage team in the coming months.



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

Projected Costs: \$1.85M

Programs Impacted: 1915(c) IFS Waiver

Expand the IFS Waiver to include self-direction. Working with their care planning team and within the parameters of their person-centered service plan, self-direction will permit individuals and their families/guardians to determine what mix of services and supports works best for them by expanding their degree of choice and control. Additionally, self-direction will allow individuals and their families/guardians to exercise employer authority to recruit, hire, supervise, and discharge qualified workers who provide participant-directed support. ARPA funding will cover the service until Sept 30, 2023.

**February 2022 Update:**

The District continues its review 1915(c) HCBS Waiver policy options to facilitate implementation of this initiative. The District intends to implement this new service by November 2022. CMS should expect submission of corresponding policy materials at least ninety (90) days ahead of proposed implementation date.

- **Remote Patient Monitoring Pilot**

Projected Costs: \$225,000

Programs Impacted: N/A

Pilot program to test strategies that may be used to develop a reimbursement policy for remote patient monitoring (RPM). This pilot grant program will cover the cost of using remote patient monitoring devices services for individuals with chronic conditions or using home and community-based services, especially those at risk for adverse outcomes due to coronavirus (COVID-19).

**February 2022 Update:**

The District is awaiting CMS conditional approval of this initiative based on information submitted in response to CMS request for additional information.

- **Innovative Programs, Pilots, or Studies**

Project Costs: \$5M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS

The District proposes to fund larger innovative programs, studies, or pilots identified by District stakeholders that focus on systematic goals such as improving integration

of medical, behavioral, and LTSS care of HCBS recipients and reducing acute care costs or demonstrating value-based purchasing arrangements between health plans and LTSS providers.

**February 2022 Update:**

The District is awaiting CMS conditional approval of this initiative based on information submitted in response to CMS request for additional information.

- **Assisted Living Facility (ALF) Study**

Projected Costs: \$350,000

Programs Impacted: 1915(c) EPD Waiver

Fund and conduct survey of ALF providers and HCBS beneficiaries in the District to determine scope of need; provider capacity; and inform determination of appropriate level of care for accessing ALF services.

**February 2022 Update:**

The District is awaiting CMS conditional approval of this initiative based on information submitted in response to CMS request for additional information.

As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

**Quality Oversight, Infrastructure, and Provider Capacity Building**

- **Electronic Health Records (EHR) Incentive Program**

Projected Costs: \$8.7M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Modeling the Health Information Technology for Economic and Clinical Health (HITECH) Act funded DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program), the District proposes to incentivize HCBS providers to adopt certified electronic health records (EHRs) and connect to the DC Health Information Exchange (HIE); expanding HCBS providers capacity to communicate with the broader health system by encouraging the secure interoperability of patient records via the providers EHR and enabling whole person care and population health management via the DC HIE.

**February 2022 Update:**

The District released a notice of funding availability for HCBS Digital Health technical assistance on October 22, 2021. The District continues along the Request For Applications (RFA) timeline included below:

RFA Timeline:

RFA Release	Friday, November 5, 2021
Pre-application meeting	Wednesday, November 10, 2021
Application Due	Monday, December 6, 2021
Award announcement (expected)	February 2022

The District is currently reviewing applications. The District expects to notice funding awards in February 2022.

- **HCBS Telehealth Project**

Projected Costs: \$740,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Create a technical assistance (TA) program that builds on efforts to expand use of certified electronic health record technology (CEHRT), extends telehealth investments made during the pandemic and encourages the use of remote patient monitoring devices in alignment with the aforementioned remote patient monitoring pilot.

**February 2022 Update:**

The District is awaiting CMS conditional approval of this initiative based on information submitted in response to CMS request for additional information.

- **InterRAI Expansion**

Projected Costs: \$5M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver

The District proposes to expand its suite of InterRAI tools to better assess beneficiary care needs and risks for adverse health events. The InterRAI is the assessment tool DHCF utilizes for long-term services and supports. Expanding the suite of tools will allow the District to ensure implementation of all appropriate interventions for individuals at high risk of poor health outcomes; and it will inform the District’s knowledge base with regard to the efficacy of current service models and services.

**February 2022 Update:**

The District is awaiting CMS conditional approval of this initiative based on information submitted in response to CMS request for additional information. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

- **DDS Assistive Technology Solution Pilot**

Projected Costs: \$190,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Pilot use of an artificial intelligence-based platform to streamline identification of enabling/assistive technology solutions for people with developmental disabilities.

**February 2022 Update:**

The District continues to work on procurement materials that facilitate implementation of the DDS Assistive Technology Pilot.

- **DDS Information Technology System**

Project Costs: \$204,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Updates to support DDS HCBS functions as well as purchase the equipment needed to handle data processing. Focus will be on migrating DDS's HCBS systems to a cloud-based server and allow for critical improvements to system infrastructure.

**February 2022 Update:**

The District continues its work on this project through procurement initiatives and other upgrades. Estimated completion of this project is still scheduled for the second quarter of FY22.

- **DDS Remote Support and Enabling Technology**

Project Costs: \$1.88M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Utilize ARPA funding to acquire an inventory of technology that will be disseminated to people with I/DD. Individuals' Support Planning Teams will conduct person centered assessments to effectively match people to the technology solutions that are available in the inventory. This project will be implemented to increase Remote Support and Enabling technology utilization amongst people living in Host Home, Supported Living, and/or Natural Home settings.

**February 2022 Update:**

The District is awaiting CMS conditional approval of this initiative based on information submitted in response to CMS request for additional information.

- **DDS Stakeholder Technical Assistance**

Projected Costs: \$508,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Initiate consultation (education and training) with DDS stakeholders to build the familiarity with telehealth resources/consumer technology and speed adoption by DDS stakeholders.

**February 2022 Update:**

The District is finalizing its strategic plan to engage with stakeholders, assess scope of need for technical assistance, develop provider guidance and education materials to speed adoption of telehealth resources. The District will provide additional updates as this initiative is implemented further. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

- **Quality Management Contractor**

Projected Costs: \$2M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; D-SNP; PACE

Solicit a contractor to support the District’s planned transition to managed long term services and supports (MLTSS) to promote more outcome-based care delivery in LTCSS, assist DHCF in developing an overarching value-based purchasing program across all LTSS programs, and implement program structures that will ensure quality of care across all new programs, especially MLTSS.

**February 2022 Update:**

The District is finalizing procurement materials to facilitate implementation of the Quality Management Contractor Initiative.

- **Clinical Case Management System Enhancements**

Projected Costs: \$850,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver

Fund enhancements to District's web-based clinical case management system to streamline eligibility processing, simplify beneficiary appeals processing, and improve functionality and system interfacing in anticipation of MLTSS expansion. Implement novel and technologically advanced tools for conducting ongoing quality improvement and performance review activities.

**February 2022 Update:**

The District is developing system requirements to facilitate implementation of the Clinical Case Management System Enhancements initiative. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

- **Customer Satisfaction Survey**

Project Costs: \$2M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; D-SNP; PACE

Contract with a CAHPS vendor with goal of increasing beneficiary response rates, adding anonymity to the consumer survey methodology, utilizing the entire CAHPS tool, and increasing areas of possible intervention.

**February 2022 Update:**

The District is developing procurement materials to facilitate implementation of the Customer Satisfaction Survey initiative. The District hopes to begin substantive engagement with a CAHPS vendor in fiscal year 2022. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

**Beneficiary Education, Support, and Transitions of Care**

- **Case Management Support**

Projected Costs: \$1.2M

Programs Impacted: 1915(c) EPD Waiver; PACE; D-SNP

Fund additional case management services and supports to assist in the facilitated transition of Dual Eligible participants from 1915(c) EPD Waiver to enrollment in a Duals Special Needs Plan (D-SNP) or otherwise support the transition of individuals into MLTSS options coming online in the District.

**February 2022 Update:**

The District has provided preliminary guidance to case management providers on implementation of this initiative and support activities are ongoing. The District will report on actual expenditures for this initiative in subsequent quarterly reports.

- **DDS Housing Coordinator**

Projected Costs: \$115,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Employment of a full time equivalent (FTE) that will maximize housing opportunities for people transitioning out of institutional and related settings into the community. This FTE will also be responsible for assisting people who are supported by Medicaid funds and living in the community to identify options for remaining in the community.

**February 2022 Update:**

The Department on Disability Services hired a candidate, whose start date with the agency was January 17, 2022. The District will report on actual expenditures for this initiative in subsequent quarterly reports.

- **HCBS Health Literacy Program**

Projected Costs: \$800,000

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

Establishment of an educational program to increase beneficiary and provider capacity to improve health outcomes, customer satisfaction, increase the likelihood of beneficiaries remaining in the community, and train providers on person-centered thinking.

**February 2022 Update:**

The District is currently focused on program design for the HCBS Health Literacy Program initiative. The intent is to bring the education program online and make it available to providers and the public within the next one (1) to two (2) years.

- **DDS COVID-19 Impact Study**

Projected Costs: \$100,000

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Use ARPA funding to conduct a comprehensive research study into the short- and long-term effects COVID has had on people supported by DDS.

**February 2022 Update:**

The District is in the process of defining the parameters for the COVID-19 Impact study and intends to issue a procurement in the first quarter of calendar year 2022 to facilitate implementation of this initiative.

- **LTSS Referral Management System**

Projected Costs: \$55,000

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

Fund implementation of a processing system to streamline and enable better management of HCBS individuals transitioning to and from institutional settings.

**February 2022 Update:**

The District is in the process of developing system requirements and procurement materials to facilitate implementation of this initiative. As an update from the November 2021 quarterly report, the District intends to claim FFP at the relevant matching percentage for administrative activities where permitted.

**Newly Proposed Initiatives – November 2021**

- **ARPA Section 9817 Plan Implementation, Administration, and Oversight**

Projected Costs: \$2.5M

Program Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

The District will utilize ARPA finds to hire staff that will support implementation and project management of approved ARPA initiatives, assist with required federal reporting, and provide oversight and monitoring of ARPA Section 9817 funds.

Funds will be used to hire seven (8) temporary staff through the conclusion of the ARPA performance period on March 31, 2024. The District is proposing to utilize ARPA funds to hire:

- Digital Health Program Analyst – Focused on implementation and oversight of the HCBS Telehealth Project and Remote Patient Monitoring initiatives;
- Grant Management Specialist – Focused on ARPA grant support, assistance across District agencies for implementation of the EHR Incentive Program;
- Policy Analyst – Focused on development of ARPA related amendments to the Medicaid State Plan and HCBS Waivers;
- Assessment Program Coordinator – Focused on implementation of the InterRAI Expansion and Clinical Case Management System Enhancements.



Responsible for supporting qualitative/quantitative research and data analytics related to policy, developing or leading new projects that expand meaningful use of various LTSS Assessment tools to improve access and enhance quality of health care services;

- Quality Strategy Coordinator – Focused on implementation of the Quality Management Contractor initiative. Role will also support development of DHCF’s overall LTSS Quality Improvement Strategy;
- Provider Education Program Coordinator – Focused on implementation of the HCBS Health Literacy Program. The position will be responsible for coordinating and collaborating across/between existing provider education and training workstreams, as well as implementation/management of a single, integrated provider education strategy; and
- Data and Reporting Strategy Coordinator – Focused on implementation of the Customer Satisfaction Survey and Quality Management Contractor initiative. Position is responsible for developing activities that increase accessibility and usability of LTSS program data and enhance quality management capacity at DHCF

For the February 2022 quarterly update, the District is also proposing to hire an additional temporary position:

- Financial Management Analyst – Focused on overall financial monitoring and reporting for implementation of the ARPA 9817 spending plan.
- **Increased HCBS Services Oversight and Quality Review Initiative**  
Projected Costs: \$1.5M  
Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Under this initiative the District will utilize APRA funding to hire additional FTE that will provide increased oversight and reviews associated with determining the quality of services provided. The FTE auditors will conduct utilization reviews of HSBC services to effectively encourage provider compliance, accountability, awareness and responsibility; and to ensure the quality, medical necessity in delivery of services. Auditor utilization review responsibilities could include audits to verify the accuracy of allegations of poor quality of services, improper billing, or improper delivery of services.

The District hopes to achieve increased quality and efficiency in HCBS through implementation of this initiative. The District may maintain the additional auditors beyond March 31, 2024 using available local funding.

- **ASARS Provider Capacity Building**

Projected Costs: \$4.3M

Programs Impacted: ASARS

To address the challenges caused by the ongoing opioid epidemic and ensure a full continuum of substance use disorder (SUD) care for residents, the District will utilize ARPA funding to provide grants to targeted community behavioral health providers with the goal of expanding/sustaining capacity for high-need SUD services delivered under the State Plan. The District's Adult Substance Abuse and Rehabilitative Services (ASARS) providers are a critical part of the District's SUD treatment system. This initiative will help ensure ASARS providers can continue to meet demand and expand/sustain access to services for residents who are on their path to recovery.

The District envisions that funds approved under this initiative may be used by community behavioral health providers to address workforce/operational challenges, as capital investments, provide increased education/training to staff, or otherwise fund activities that will have the effect of increasing/sustaining access to SUD services.

The District does not intend to claim FFP for this initiative. This is a time-limited initiative that the District does not intend to implement beyond March 31, 2024.

- **Scope Change to HCBS Electronic Health Records (EHR) Incentive Program to include Housing Supportive Services (HSS) providers**

Projected Costs: \$942,000

Programs Impacted: 1915(i) for Housing Supportive Services

The District proposes to add an additional HCBS provider organization eligible to receive incentives to adopt certified electronic health records (EHRs) and connect to the DC Health Information Exchange (HIE). This new provider organization is Housing Supportive Services (HSS) providers. Thus, the District is requesting to increase the original budget to fund the additional support needed to enable whole person care and population management to HSS providers participating in this program.

The District does not intend to claim FFP for this initiative. This is a time-limited initiative that the District does not intend to implement beyond March 31, 2024.

- **Scope Change to HCBS Telehealth Project to include Housing Supportive Services (HSS) providers**

Projected Costs: \$180,000

Programs Impacted: 1915(i) for Housing Supportive Services

The District proposes to add an additional HCBS provider organization eligible to receive technical assistance (TA) that builds on efforts to expand use of certified electronic health record technology (CEHRT), extends telehealth investments made during the pandemic and encourages the use of remote patient monitoring devices in alignment with the aforementioned remote patient monitoring pilot. This new provider organization is Housing Supportive Services (HSS) providers. Thus, the District is requesting to increase the original budget to fund the additional support needed for HSS providers.

The District does not intend to claim FFP for this initiative. This is a time-limited investment that builds on earlier efforts to expand adoption of CEHRT and telehealth amongst HCBS providers. The District does not intend to implement beyond March 31, 2024.

- **Home Health Rate Study**

Projected Costs: \$455,000

Programs Impacted: State Plan Home Health

Fund a Home Health rate study to review District Medicaid reimbursement of home health services provided under the State Plan. The study will facilitate implementation of a comprehensive rate methodology that ensures equitable payment to providers and explores incorporating value-based purchasing principles into reimbursement for home health services.

This is a one-time study; therefore, the District does not anticipate funding of this initiative beyond March 31, 2024

### **Newly Proposed Initiatives – February 2022**

- **HCBS Social Needs Strategic Plan**

Projected Costs: \$350,000

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS

The District proposes to use ARPA funds to develop a comprehensive strategic planning document to evaluate programmatic and funding options to address social determinants of health for HCBS beneficiaries. Based on extensive community

engagement and feedback, the proposed plan will provide a scalable, system-wide framework focused on addressing housing and nutrition needs of HCBS beneficiaries across the Medicaid program.

The plan will provide a comprehensive review of population and service needs of HCBS beneficiaries that builds on previous system and needs assessments. The final report will identify opportunities for alignment across programs and agencies, as well as financing pathways that address specific operational considerations and payment models, and evaluation and monitoring strategies aligned with value-based payment and the managed care quality strategy.

Development of the strategic plan will be a one-time initiative that should be completed by March 31, 2024.

- **Adjustment to Behavioral Health Rehabilitative Service Reimbursement Rates**  
Projected Costs: \$800,000  
Programs Impacted: ASARS; MHRS

Effective April 1, 2022, utilize ARPA funds to increase behavioral health rehabilitative service reimbursement rates in District fiscal year 2022 by an amount equal to growth in the Medicare Economic Index over the same period.

The District plans to seek federal financial participation for this initiative and will submit a corresponding amendment to the District of Columbia Medicaid State Plan for CMS review in the coming weeks. This initiative will be sustained in future fiscal years using available local funding allocated to administering agencies during the District's budget development process.

- **Medicaid Medical Director Staff**  
Projected Costs: \$600,000  
Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health

Utilize ARPA funds to expand the Office of the Medical Director at the Department of Health Care Finance. Additional staff will report to the agency's Medical Director and will focus on implementing the agency's triple aim for Medicaid beneficiaries receiving HCBS. Through this initiative, staff will prioritize and promote the ability of beneficiaries to remain in the community and avoid institutionalization to the extent possible.

- **Preadmission Screening and Resident Review**  
Projected Costs: \$650,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

Use ARPA funding to implement an electronic PASRR system and database to categorize, file, and process all requests, reviews, and outcomes to allow smoother transition between levels of care, ensure that individuals are in the least restrictive environment that is most appropriate for their clinical diagnosis and needs, and facilitate more comprehensive oversight as recommended to the District by CMS.

The District will sustain PASRR infrastructure beyond March 31, 2024 using local funds and federal dollars available to states for PASRR related activities.

## Quarterly Spending Plan Projections

**District of Columbia**  
**Calculation of Supplemental Funding from 10% FMAP Increase**  
**ARPA Sec. 9817**

**BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP**

Federal Fiscal Year	FFY 21		FFY 22		
Quarter	<u>Q3 &amp; 4: Apr to Sept</u>	<u>Q1: Oct to Dec</u>	<u>Q2: Jan to Mar</u>	<u>Total</u>	
<b>Fee For Service Estimates:</b>					
<u>Service Categories</u>					
Home and Community Based Services	\$344,944,955	\$177,212,046	\$172,505,609	\$694,662,610	
Rehabilitation Services	74,393,837	28,066,606	27,293,692	129,754,135	
<b>Subtotal: Qualifying Expenditures</b>	<b>\$419,338,792</b>	<b>\$205,278,652</b>	<b>\$199,799,301</b>	<b>\$824,416,745</b>	
Funds Attributable to 10% HCBS FMAP Increase					<b>\$82,441,700</b>
<b>Managed Care Estimates:</b>					
<u>Service Categories</u>					
Home and Community Based Services	\$26,581,166	\$13,479,209	\$13,815,922	\$53,876,297	
Rehabilitation Services	\$3,110,376	\$1,546,465	\$1,766,601	\$6,423,442	

Subtotal: Qualifying Expenditures	\$29,691,542	\$15,025,674	\$15,582,522	\$60,299,739
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Funds Attributable to 10% HCBS FMAP Increase				<b>\$6,030,000</b>
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**Total District of Columbia Estimates:**

Service Categories

Home and Community Based Services	\$371,526,121	\$190,691,256	\$186,321,530	\$748,538,907
Rehabilitation Services	\$77,504,213	\$29,613,071	\$29,060,293	\$136,177,577
Subtotal: Qualifying Expenditures	<b>\$449,030,335</b>	<b>\$220,304,327</b>	<b>\$215,381,823</b>	\$884,716,485

<b>Funds Attributable to 10% HCBS FMAP Increase</b>				<b>\$88,471,600</b>
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