

**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**

**May 2022**

## TABLE OF CONTENTS

	Page
Quarterly Spending Plan Narrative Update .....	3
- Provider Reimbursement and Workforce Recruitment, Retention, and Development Initiative Update .....	4
- Expanding Services and Increasing Access to Services Initiative Update .....	7
- Quality Oversight, Infrastructure, and Provider Capacity Building Initiative Update .....	10
- Beneficiary Education, Support, and Supporting Transitions of Care Initiative Update .....	14
- Newly Proposed Initiatives .....	15

## 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. The District submitted an updated Spending Plan and Narrative on February 2, 2022. The District received an updated letter of partial approval on February 7, 2022 that included request for additional information. The District responded to CMS request for additional information on March 28, 2022. The District received approval of its February 2, 2022 Spending Plan and Narrative on May 3, 2022.

Per CMS direction the District is providing an updated spending plan this quarter in an attached excel workbook. The attached workbook contains updated quantitative information on anticipated and actual expenditures for the state's activities to enhance, expand, or strengthen HCBS. As an overview, upon submission of the District's Q2 CMS-64, the total ARPA Section 9817 enhanced FMAP claimed by the District will total \$89,570,219. The District's managed care claiming methodology is still under review by CMS, so this amount does not include any managed care expenditures. Once the methodology is approved, our plan is to submit prior period adjustments to claim the additional funds.

For this quarter, narrative updates are limited to proposed scope revisions to previously approved projects and newly proposed ARPA initiatives.

## **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.

- **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.

- **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.

- **Direct Care Worker Transportation Benefit**

Projected Cost: \$6M

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.

- **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.

- **Direct Care Worker Vaccination Incentive**

Projected Costs: \$2,860,000

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.

- **DDS Behavioral Health Initiative**

Projected Costs: \$500,000

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.

**May 2022 Update:**

The District is proposing an update to the approved scope of this initiative and is revising projected costs.

Under this initiative the District will use ARPA funds to contract with the Institute for Applied Behavior Analysis to provide ongoing training in Positive Behavior Supports for staff of DDS and other District of Columbia Government agencies, as well DD services providers. The goal of the training would be to build system capacity by teaching District providers and District agency staff how to manage behaviors (not necessarily dangerous behaviors) of individuals with IDD who are also diagnosed with a co-occurring behavioral health issue. The training will increase agency and provider capacity by building functional skills that will result in better management and treatment of behavioral health issues in the people served.

The contracted vendor will provide live training webinars on specific topics related to people who are dually diagnosed with IDD and behavioral health conditions. The training will consist of evidence-based content on topics that have direct application to

quality services and supports so that people with dual diagnosis can lead self-determined and personally satisfying lives. The training will be available to direct support professionals and others who want to increase their knowledge of emerging trends and skills needed to develop professionally and advance in careers working with people dually diagnosed with IDD and behavioral health challenges. Additionally, DDS will seek to obtain authority to award psychology continuing education credits for behavioral health providers.

- **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.

- **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.

- **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

- **Adjustment to Behavioral Health Rehabilitative Service Reimbursement Rates**

Projected Costs: \$1.4M

Programs Impacted: ASARS; MHRS

Effective April 1, 2022, utilize ARPA funds to increase behavioral health rehabilitative service reimbursement rates in District fiscal year 2022 and 2023 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.

### **May 2022 Update**

The District is updating the projected costs of this initiative to account for the costs of the rate increase in fiscal year 2022 as well as fiscal year 2023.

## **Expanding Services and Increasing Access to Services**

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

Project Costs: \$1.2M

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.

- **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.

- **Therapeutic Services to Prevent Functional Decline**

Projected Costs: \$9.65M

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; and funding for changes to the scope of State Plan DME.

### **May 2022 Update:**

The District is revising the scope and updating the projected costs associated with implementation of this initiative. Under this initiative the District proposed to fund a study that would determine the feasibility of adding physical therapy assistants as extenders to physical therapists under our State Plan Home Health benefit. The District will study the feasibility of adding physical therapy assistants under its proposed Home Health Rate Study initiative.

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

Projected Costs: \$250,000

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.

**May 2022 Update:**

The District is revising the projected costs of implementation of this initiative. The projected costs are revised down in order to align projections with actual IFS Waiver enrollment.

- **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).

- **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.

- **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.



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

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

Projected Costs: \$9.6M

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(i) Housing Supportive Services; 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.

- **HCBS Telehealth Project**

Projected Costs: \$920,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(i) Housing Supportive Services; 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.

- **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.

- **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.

- **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.

- **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.

- **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.

- **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.

- **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.

- **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.

- **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.

- **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 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
  - Financial Management Analyst – Focused on overall financial monitoring and reporting for implementation of the ARPA 9817 spending plan.
- **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.

- **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.

This initiative will target providers who deliver HCBS as defined in Appendix B of SMD #21-003 (Rehabilitative Services). The District's Adult Substance Abuse Rehabilitative Services benefit is approved in the District of Columbia State Plan at Supplement 6 to Attachment 3.1A and Supplement 3 to Attachment 3.1B. These services are authorized under 1905(a)(13) of the Act and delivered in accordance with requirements set forth at 42 CFR § 440.130(d).

- **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.

### **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.

- **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.

- **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.

- **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.

- **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.

- **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.

### **Newly Proposed Initiatives – May 2022**

- **DD Expansion**

Projected Costs: \$1.5M

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

Based on legislation passed by the DC Council in March 2022, the Department on Disability Services, Developmental Disabilities Administration (DDA), will be expanding eligibility for its IDD and IFS Waivers from providing services exclusively to people with intellectual disabilities, to include services for all people with developmental disabilities. This will increase the number of people in each waiver and will have a significant impact on the administration's eligibility unit. To manage the expected initial significant increase in new referrals, the DDA is proposing to use ARPA funding to expand its eligibility unit. The eligibility unit will add one supervisor, one community liaison specialist and two intake services coordinators, as well as one additional contract psychologist.

In addition, training will be needed to support this change and provide our network of providers training on best practices in supporting those with DD, newly eligible. DDA is proposing to use ARPA funds to provide this needed training.

Training from subject matter experts will define meaningful achievements and the specific needs of people with newly eligible conditions, particularly people with autism spectrum disorder (ASD) who do not have co-occurring intellectual disabilities. With technical assistance, providers will develop supports that people with ASD need in order to achieve measurable gains in functional skills such as social skills, life skills, and specific work skills. Training will enhance provider capacity to support community access for people with ASD through leisure and employment. Consistent with the District's Employment First goals, the eligibility expansion will require consultation with subject matter experts on how to develop knowledge, skills, and experiences that contribute to people with ASD and other developmental disabilities becoming employed through the following waiver- supported opportunities.

The District intends to claim administrative matching funds to support implementation of this initiative. This initiative will be sustained beyond March 31, 2024 using available local funding.

- **Direct Care Professional Payment Rate Support**

Projected Costs: \$52.6M

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 is currently experiencing a workforce shortage in Direct Care Professionals (DCPs) in Home and Community Based Services (HCBS). This enhancement proposes to increase provider rates to support an increase in wages paid to certain DCPs (e.g. personal care aides, direct support professionals) with the goal of encouraging worker retention and increasing recruitment.

Beginning October 1, 2022, the District will use ARPA funds to fund increases for eligible provider rates. By October 1, 2025 the rate increases will be sufficient to support, on average, payment of 117.6% of the District Living Wage or 117.6% of the District Minimum Wage, whichever is greater. This initiative will also ensure parity in wages for DCP's working in community settings, Home Health Agencies, and qualifying Behavioral Health Care settings.

The District intends to claim FFP for this initiative and will seek corresponding policy approvals from CMS to support implementation of this initiative. This initiative will be sustained beyond March 31, 2024 using available local funding.



