

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**

November 2021

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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 has incorporated portions of that response into this quarterly update.

The District is working to ensure sufficient local budget authority to spend ARPA resources in fiscal years 2022 and beyond. Actual spending related to ARPA initiatives will begin after establishment of the relevant budget authority. While there are only minor spending updates, detail on the District's progress toward implementation of proposed initiatives is summarized below.

Finally, the District is also proposing additional activities that enhance, expand, or strengthen Medicaid HCBS for CMS review and approval.

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.

November 2021 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 District is finalizing provider guidance that will inform distribution of bonus payments.

The District intends to draw federal financial participation (FFP) for this initiative and expects this initiative will be eligible for the HCBS increased Federal Medical Assistance Percentages (FMAP) under ARPA Section 9817.

The District is funding these supplemental payments for the duration of the federal public health emergency (PHE). This initiative will not be sustained for longer than six months following the conclusion of the federal PHE, as authorized under the District's approved Appendix K.

- **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.

November 2021 Update: The District is reviewing State Plan and 1915(c) HCBS Waiver policy options to support implementation of direct care worker bonus payments. The District intends to submit amendments, as needed, to CMS for review and approval in the coming months.

The District intends to draw federal financial participation for this initiative and expects this initiative, if implemented ahead of March 31, 2022, may be eligible for the HCBS increased FMAP under ARPA Section 9817.

The District is funding these payments to support workforce recruitment and conversion efforts for the duration of the federal PHE. This initiative will not be sustained for longer than six months following the conclusion of the federal PHE.

- **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.

November 2021 Update: The District is reviewing State Plan and 1915(c) HCBS Waiver policy options to support implementation of direct care worker retention payments. The District intends to submit amendments, as needed, to CMS for review and approval in the coming months.

The District intends to draw federal financial participation for this initiative and expects this initiative, if implemented ahead of March 31, 2022, may be eligible for the HCBS increased Federal Medical Assistance Percentages (FMAP) under ARPA Section 9817.

The District is funding these payments to support workforce retention efforts for the duration of the federal public health emergency (PHE). This initiative will not be sustained for longer than six months following the conclusion of the federal PHE.

- **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.

November 2021 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.

The District intends to draw federal financial participation for this initiative and expects this initiative, if implemented ahead of March 31, 2022, may be eligible for the HCBS increased FMAP under ARPA Section 9817.

The District will sustain any changes to provider reimbursement to support the reasonable costs associated with direct care workers traveling to provide services to Medicaid beneficiaries using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 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.

The District may maintain the program coordinator staff position and provider education efforts beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 Update: The District has provided [preliminary guidance](#) to District stakeholders on proposed implementation of the vaccine incentive program and intends to release a Request for Applications in the coming months.

The District does not intend to draw FFP for this initiative. The District is funding this vaccination incentive in the near term to support providers in their efforts to ensure staff are vaccinated against COVID-19. The District does not envision sustaining this initiative beyond March 31, 2024.

- **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.

November 2021 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.

The District does not intend to draw FFP for this initiative. This initiative will constitute a one-time effort. To the extent needed, the District will fund maintenance of any ARPA funded acquisitions using available local funding allocated to administering agencies during the District's budget development process.

- **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](#).

November 2021 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 District is finalizing provider guidance that will inform implementation of this initiative.

The District intends to draw FFP for this initiative and expects this initiative will be eligible for the HCBS increased FMAP under ARPA Section 9817.

The District is funding these retainer payments for the duration of the federal PHE. This initiative will not be sustained for longer than six months following the conclusion of the federal PHE as allowed under the District's approved Appendix K.

- **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 of 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.

November 2021 Update: The District is finalizing procurement materials to engage an external actuary to evaluate Medicaid reimbursement services for the 1915(c) IFS and IDD Waivers.

The District does not intend to draw FFP for this initiative. This initiative will be a one-time rate study. To the extent needed, the District will fund future rate studies using available local funding allocated to administering agencies during the District's budget development process.

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.

November 2021 Update: The District is reviewing State Plan policy options to facilitate implementation of this initiative. The District intends to submit amendments, as needed, to CMS for review and approval in the coming months.

The District intends to draw federal financial participation for this initiative and expects this initiative, if implemented ahead of March 31, 2022, will be eligible for the HCBS increased FMAP under ARPA Section 9817.

The District will fund maintenance of this initiative beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 Update: The District is awaiting CMS conditional approval of this initiative and is proposing clarifications based on CMS request for additional information.

The District does not intend to fund ongoing internet access under this initiative using ARPA funds. The District will fund maintenance of this initiative beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

The District does not intend to draw FFP for this initiative.

- **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.

November 2021 Update: Most of the funding under this initiative will be used to fund the inclusion of additional durable medical equipment services under the State Plan Home Health benefit. The District is reviewing State Plan policy options to facilitate implementation of this initiative. The District intends to submit amendments, as needed, to CMS for review and approval in the coming months.

The District intends to draw federal financial participation for this initiative and expects this initiative, if implemented ahead of March 31, 2022, will be eligible for the HCBS increased FMAP under ARPA Section 9817.

The District will also utilize ARPA funds to establish triage team of clinicians to focus on high-risk beneficiaries. The District is finalizing hiring efforts and hopes to onboard the triage team in the coming months. The triage team will be multi-disciplinary team composed of two therapists, a social work specialist, and a nurse specialist.

The District is proposing a minor change to the scope of this initiative. The District will utilize ARPA funds to support a study on the feasibility of including and reimbursing for physical therapy assistants under the State Plan Home Health benefit.

The District will fund maintenance of this initiative beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 Update: The District is reviewing 1915(c) HCBS Waiver policy options to facilitate implementation of this initiative. The District intends to submit amendments, as needed, to CMS for review and approval in the coming months.

The District intends to draw FFP for this initiative and expects this initiative, if implemented ahead of March 31, 2022, will be eligible for the HCBS increased FMAP under ARPA Section 9817.

The District will fund maintenance of this initiative beyond September 30, 2023 using available local funding allocated to administering agencies during the District's budget development process.

- **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).

November 2021 Update: The District is awaiting CMS conditional approval of this initiative and is proposing clarifications based on CMS request for additional information. The District intends to pay for ongoing internet connectivity as part of the Remote Patient Monitoring Pilot. The costs of data plans or internet connectivity will be an allowable use of funds under the Remote Patient Monitoring Pilot grant structure.

Using ARPA funds to implement the Remote Patient Monitoring Pilot and pay for the cost of ongoing internet connectivity will expand HCBS in the short term for beneficiaries participating in the pilot and will inform the potential establishment of HCBS Remote Patient Monitoring services under the State Plan.

The District does not intend to claim FFP for this initiative in its current scope. This is a one-time pilot; therefore, the District does not anticipate funding of this initiative beyond March 31, 2024.

- **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.

November 2021 Update: The District is awaiting CMS conditional approval of this initiative and is proposing clarifications based on CMS request for additional information.

This initiative will include activities that enhance, expand, or strengthen HCBS identified through the District’s ongoing stakeholder engagement process. These initiatives will likely target HCBS providers and beneficiaries utilizing HCBS services as defined in Appendix B of SMD #21-003. The District will update CMS and seek review and approval through its quarterly reporting process once additional details on these activities are available.

The initiative to determine the feasibility of the “small house” skilled nursing care model will not be considered.

- **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.

November 2021 Update: The District is awaiting CMS conditional approval of this initiative and is proposing clarifications based on CMS request for additional information.

The District confirms that it is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through the ALF Study. One of the goals of the ALF Study is to identify if services can be appropriately delivered to Medicaid beneficiaries at a lower level of care than currently offered under the District’s 1915(c) HCBS Waiver for the Elderly and Persons with Physical Disabilities.

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

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.

November 2021 Update: The District released a notice of funding availability for HCBS Digital Health technical assistance on October 22, 2021. The District is finalizing procurement materials and intends to release a Request for Applications (RFA) in the coming months to facilitate implementation of this initiative. The anticipated RFA timeline is included below for reference:

RFA Timeline:

RFA Release	Friday, November 5, 2021
Pre-application meeting	Wednesday, November 10, 2021
Application Due	Monday, December 6, 2021
Award announcement (expected)	Tuesday, February 1, 2022

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.

- **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.

November 2021 Update: The District is awaiting CMS conditional approval of this initiative and is proposing clarifications based on CMS request for additional information.

The District intends to pay for ongoing internet connectivity as part of the HCBS Telehealth Project using ARPA funds. The District intends to supply hardware (laptops, tablets, etc.) to HCBS providers participating in the HCBS Telehealth Project that utilize mobile data plans to maintain internet connectivity. The District will use ARPA funds to pay for the cost of these mobile data plans. The District believes using ARPA funds to pay for the cost of ongoing internet connectivity under the HCBS Telehealth Project will enhance District Medicaid HCBS services by increasing provider capacity to immediately deliver HCBS and provide additional patient-centered supports via telehealth.

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.

- **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.

November 2021 Update: The District is awaiting CMS conditional approval of this initiative and is proposing clarifications based on CMS request for additional information.

The District confirms that it is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 through the InterRAI Expansion activity. The District proposes to expand its suite of InterRAI tools to better assess beneficiary care needs and risks for adverse health events, ensuring implementation of all appropriate interventions for individuals at high risk of poor health outcomes. The District will not implement stricter eligibility procedures through implementation of these additional tools.

The District does not intend to draw FFP for this initiative. This initiative will constitute a one-time effort. To the extent needed, the District will fund maintenance of any ARPA funded acquisitions using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 Update: The District is finalizing procurement materials to facilitate implementation of the DDS Assistive Technology Pilot.

The District does not intend to draw FFP for this initiative in its current scope. This initiative will constitute a one-time effort. The District does not envision sustaining this initiative beyond March 31, 2024.

- **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.

November 2021 Update: The District has initiated work on this project through procurement initiatives and other upgrades. Estimated completion of this project is scheduled for the second quarter of FY22.

The District may draw FFP at the relevant administrative FMAP for this initiative. This initiative will constitute a one-time update to critical system infrastructure. To the extent needed, the District will fund maintenance of any ARPA funded system updates using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 Update: The District is awaiting CMS conditional approval of this initiative and is proposing clarifications based on CMS request for additional information.

The District does not intend to fund ongoing internet access under this initiative using ARPA funds. The District will fund maintenance of technology acquired under this this initiative beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

The District does not intend to draw FFP for this initiative in its current scope.

- **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.

November 2021 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.

The District does not intend to draw FFP for this initiative. Primarily, this initiative will constitute a time-limited engagement effort focused on stakeholder education and consultation. To the extent needed, the District will fund ongoing provider engagement and education beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 Update: The District is finalizing procurement materials to facilitate implementation of the Quality Management Contractor Initiative.

Primarily, this initiative will constitute a time-limited effort focused on development and implementation of program structures that will ensure quality of services. To the extent needed, the District will fund maintenance of the quality management infrastructure beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 Update: The District is developing system requirements to facilitate implementation of the Clinical Case Management System Enhancements initiative.

The District does not intend to claim FFP for this initiative. This initiative will constitute a one-time effort to upgrade LTSS clinical case management infrastructure. To the extent needed, the District will fund maintenance of the updated clinical case management infrastructure beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 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.

The District does not intend to claim FFP for this initiative. Primarily, this initiative will constitute a one-time effort to implement the Agency for Healthcare Research and Quality Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys across the LTSS areas under Medicaid. To the extent needed, the District will fund maintenance of the CAHPS surveys beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

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.

November 2021 Update: The District has provided preliminary guidance to case management providers on implementation of this initiative and support activities have begun. The District expects expenditures under this initiative will begin in the fall of 2021.

The District does not intend to claim FFP for this initiative. In its current scope, this initiative will constitute a time-limited effort to provide additional case management services and supports to Medicaid beneficiaries transitioning to enrollment in a D-SNP or other MLTSS option that will become available in the coming years.

- **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.

November 2021 Update: The District has posted the position and is initiating the interview process. The Department on Disability Services will hold interviews in November of 2021 and plans to hire before the close of calendar year 2021.

Under the current scope of this initiative, the District intends to fund this position for two (2) years. The District may fund the position beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

- **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.

November 2021 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.

The District does not intend to claim FFP for this initiative. ARPA funding will be used to fund establishment of a sustainable learning program. The District will fund and operate the health literacy program beyond March 31, 2024 using available local funding allocated to administering agencies during the District’s budget development process.

- **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 of COVID on District residents supported by DDS.

November 2021 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.

The District does not intend to draw FFP for this initiative. The study is a one-time initiative that the District does not intend to implement beyond March 31, 2024

- **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.

November 2021 Update: The District is in the process of developing system requirements and procurement materials to facilitate implementation of this initiative.

The District does not intend to draw FFP for this initiative. The LTSS referral management initiative study is a one-time investment in infrastructure that will allow the District to better manage HCBS transitions of care. To the extent needed, the District will fund maintenance of referral management infrastructure beyond March 31, 2024 using available local funding allocated to administering agencies during the District's budget development process.

Newly Proposed Initiatives

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

Projected Costs: \$2.3M

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 (7) 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.
- **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 will conduct utilization reviews of HCBS services to effectively encourage provider compliance, accountability, awareness and responsibility; and to ensure the quality, medical necessity in delivery of services. FTE 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 FTE 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 Supporting Services

The District submitted DC SPA #21-0015 titled, 1915(i) Housing Supporting Services Benefit, to CMS for review and approval on September 30, 2021. This SPA will permit the District of Columbia to provide HSS via 1915(i) state plan HCBS authority from April 1, 2022 forward. HSS will assist Medicaid beneficiaries who are homeless or at risk of homelessness obtain and maintain stable housing in the community.

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 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 Supporting Services

The District submitted DC SPA #21-0015 titled, 1915(i) Housing Supporting

Services Benefit, to CMS for review and approval on September 30, 2021. This SPA will permit the District of Columbia to provide HSS via 1915(i) state plan HCBS authority from April 1, 2022 forward. HSS will assist Medicaid beneficiaries who are homeless or at risk of homelessness obtain and maintain stable housing in the community.

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 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

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 & 4: Apr to Sept</u>	<u>Q1: Oct to Dec</u>	<u>Q2: Jan to Mar</u>	<u>Total</u>	
Fee For Service Estimates:					
<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	
Subtotal: Qualifying Expenditures	\$419,338,792	\$205,278,652	\$199,799,301	\$824,416,745	
Funds Attributable to 10% HCBS FMAP Increase					\$82,441,700
Managed Care Estimates:					
<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

Funds Attributable to 10% HCBS FMAP Increase **\$6,030,000**

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	\$449,030,335	\$220,304,327	\$215,381,823	\$884,716,485

Funds Attributable to 10% HCBS FMAP Increase \$88,471,600