

Key

Approved by CMS = Green

Pending CMS Review = Blue

Pending Submission to CMS = Red

Estimated Costs		Projected Expenditures (TC)	Actual Expenditures (TC)	Federal Matching
Direct Support Professional Bonus Payment	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.	\$4.6M		Provider Payment Match Rate
DDS Behavioral Health Initiative	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.	\$500k	\$20,000	100% ARPA Funding, No FMAP
Retainer Payment Extension	Fund extension of retainer payments for IDD/IFS day providers	\$1.1M		Provider Payment Match Rate
Developmental Disability Provider Rate Study	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.	\$1.1M		100% ARPA Funding, No FMAP
DDS Telehealth Initiative	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.	\$1.42M	\$411,712	100% ARPA Funding, No FMAP
1915(c) IFS Waiver Self-Directed Services	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	\$250,000		Provider Payment Match Rate
DDS Assistive Technology Solution Pilot	Pilot use of an artificial intelligence-based platform to streamline identification of enabling/assistive technology solutions for people with developmental disabilities.	\$190,000		100% ARPA Funding, No FMAP
DDS Remote Support and Enabling Technology	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	\$1.88M		100% ARPA Funding, No FMAP
DDS Stakeholder Technical Assistance	Initiate consultation (education and training) with DDS stakeholders to build the familiarity with telehealth resources/consumer technology and speed adoption by DDS stakeholders.	\$508,000	\$17,427.50	100% ARPA Funding, No FMAP
DDS Housing Coordinator	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	\$115,000	\$25,983	100% ARPA Funding, No FMAP
DDS COVID-19 Impact Study	Use ARPA funding to conduct a comprehensive research study into the short- and long-term effects COVID has had on people supported by DDS.	\$100,000		100% ARPA Funding, No FMAP

Clinical Case Management System Enhancements - DDS Systems	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.	\$204k	100% ARPA Funding, No FMAP
ASARS Provider Capacity Building	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 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.	\$ 4,300,000.00	100% ARPA Funding, No FMAP
BH Health Rehab. Rate Inflation	To increase the pool of qualified staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, fund onetime 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.	\$ 1,440,000.00	Provider Payment Match Rate
Direct Care Worker Recruitment and Conversion Bonus Payments	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.	\$8,140,000	100% ARPA Funding, No FMAP
Direct Care Worker Retention Bonus Payments	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.	17,700,000	100% ARPA Funding, No FMAP
Direct Care Worker Transportation Benefit	Education and resources for training direct care and provider staff on personcentered thinking, HCBS Setting rules, behavior management supports for people experiencing cognitive decline or with other complex care needs	6,000,000	Provider Payment Match Rate
Direct Care Worker Training - Project Manager	Education and resources for training direct care and provider staff on personcentered thinking, HCBS Setting rules, behavior management supports for people experiencing cognitive decline or with other complex care needs	\$330k	100% ARPA Funding, No FMAP
Direct Care Worker Training - Materials	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.	\$70k	100% ARPA Funding, No FMAP
Direct Care Worker Vaccination Incentive	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.	\$2,860,000	100% ARPA Funding, No FMAP
Certified Medication Aides (C-MAs) and Services	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	1,200,000	Provider Payment Match Rate
Therapeutic Services to Prevent Functional Decline - HRTT Team	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	\$8M	100% ARPA Funding, No FMAP
Therapeutic Services to Prevent Functional Decline - Durable Medical Equipment			Provider Payment Match Rate

Remote Patient Monitoring Pilot	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).	\$225k	100% ARPA Funding, No FMAP
Assisted Living Facility (ALF) Study	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.	\$350k	100% ARPA Funding, No FMAP
Electronic Health Records (EHR) Incentive Program	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.	\$9.642M	100% ARPA Funding, No FMAP
HCBS Telehealth Project	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.	\$920k	100% ARPA Funding, No FMAP
InterRAI Expansion	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.	\$5M	Administrative Match Rate (50%)
Quality Management Contractor - Vendor	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.	\$2M	100% ARPA Funding, No FMAP
Clinical Case Management System Enhancements - DC Care Connect	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.	\$650k	Administrative Match Rate (50%)
Customer Satisfaction Survey	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.	\$2M	100% ARPA Funding, No FMAP
Case Management Support - DSNP Transitions	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 or otherwise support the transition of individuals into MLTSS options coming online in the District.	\$1.2M	100% ARPA Funding, No FMAP
LTSS Referral Management System	Fund implementation of a processing system to streamline and enable better management of HCBS individuals transitioning to and from institutional settings.	\$55k	Administrative Match Rate (50%)

\$1,055,673

Innovative Programs, Pilots, or Studies	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.	\$5M	TBD
HCBS Health Literacy Program	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.	\$800k	100% ARPA Funding, No FMAP
Increased HCBS Services Oversight	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.		
PASSR Implementation - Reviews - Electronic Form/Database	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 100% ARPA Funding, No FMAP funding. 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.	\$1.5M \$650k	Administrative Match Rate (50%) Administrative Match Rate (50%)
HCBS Social Needs Strategic Plan	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.	\$350k	100% ARPA Funding, No FMAP
ARPA Implementation and Administrative Oversight	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.	\$2.5M	Administrative Match Rate (50%)

Home Health Rate Study	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.	\$455k	100% ARPA Funding, No FMAP
Direct Care Worker	This enhancement proposes to increase provider rates to support an increase in wages paid to DCPs with the goal of encouraging retention, development, and establishing a career ladder. 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 payment of 117.6% of the District Living Wage. This initiative will also ensure parity in wages for DCP's working in community/residential settings, Home Health Agencies, and qualifying Behavioral Health Care settings.	\$52,585,800	Provider Payment Match Rate
DD Expansion	The District 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 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	\$1.5M	Administrative Match Rate (50%)
Associate Medical Director	Utilize ARPA funds to hire an Associate Medical Director, reporting to the agency's Medical Director, to implement the agency's triple aim for long term care beneficiaries to increase and promote the ability to remain in the community with appropriate Medicaid and non-Medicaid supports and services and avoid institutionalization to the extent possible.	\$600k	Administrative Match Rate (50%)

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

ACTUAL EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP

Federal Fiscal Year

Quarter	FFY 21		FFY 22		Total
	Q3 & 4: Apr to Sept		Q1: Oct to Dec	Q2: Jan to Mar	
Fee For Service Estimates:					
<u>Service Categories</u>					
Home and Community Based Services	\$345,000,194	\$168,850,923	\$180,572,460		\$694,423,576
Rehabilitation Services	\$111,469,007	\$60,935,256	\$65,742,885		\$238,147,147
Subtotal: Qualifying Expenditures					
Funds Attributable to 10% HCBS FMAP Increase	\$43,972,633	\$22,023,104	\$23,574,481		\$89,570,219
Managed Care Estimates:					
<u>Service Categories</u>					
Home and Community Based Services					
Rehabilitation Services					
Subtotal: Qualifying Expenditures					
Funds Attributable to 10% HCBS FMAP Increase					<i>Pending CMS Approval of Claiming Methodology (as of Jan 25, 2022)</i>
Total District of Columbia Estimates:					
<u>Service Categories</u>					
Home and Community Based Services					
Rehabilitation Services					
Subtotal: Qualifying Expenditures					
Funds Attributable to 10% HCBS FMAP Increase					