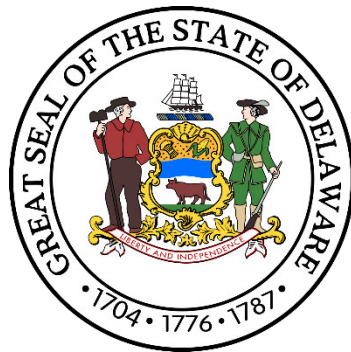




# Section 9817 Home and Community-Based Services Federal Match Increase Spending Plan – FY2023 Q3 Update

State of Delaware



Theodore G. Mermigos, Jr., Acting Director  
Division of Medicaid and Medical Assistance (DMMA)

**January 17, 2023**

Resubmitted April 21, 2023

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# Letter from the Delaware State Medicaid Director

Daniel Tsai, Deputy Administrator and Director  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850

Dear Deputy Administrator Tsai:

On behalf of the State of Delaware, thank you for the approval issued for the Quarterly Home and Community-Based Services (HCBS) Spending Plan issued on December 12, 2022. Please find the next Quarterly HCBS Spending Plan that outlines the intended use of funding available under the American Rescue Plan Act of 2021 (ARP), Section 9817. Updates from the Quarter 3 Federal Fiscal Year 2023 (Q3 FFY 2023) Quarterly Spending Plan include additional details for two activities previously noted to be under development, a change in budget for two of the previously approved activities, and the status of the previously approved initiatives.

Delaware makes the following assurances:

- The State is using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The State is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The State is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services that were in place on April 1, 2021;
- The State is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The State is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Once approved, I will ensure Quarterly Spending Plans continue to be provided along with any associated reporting. Please contact me [REDACTED] with any additional questions.

Sincerely,

Theodore G. Mermigos Jr.  
Acting State Medicaid Director

## Executive Summary

In response to the impact the pandemic continues to have on long-term services and supports (LTSS) and to the funding opportunity available through the ARP funding opportunity, the Division of Medicaid and Medical Assistance (DMMA) has prepared this Quarterly Spending Plan submission to the Centers for Medicare & Medicaid Services (CMS). We share CMS's vision for this funding as a means to tailor HCBS enhancements based on the needs and priorities of Delaware residents, to protect and strengthen the HCBS workforce, to safeguard financial stability for HCBS providers, and to accelerate LTSS reform and innovation.

The Delaware Department of Health and Social Services (DHSS) is the Medicaid single state agency. Within DHSS, Medicaid HCBS programs are administered through the DMMA, the Division of Developmental Disabilities Services (DDDS), the Division of Substance Abuse and Mental Health (DSAMH), and the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). Delaware's HCBS programs include:

- **Diamond State Health Plan (DSHP) Plus 1115 Waiver Program** is a component of Delaware's comprehensive Medicaid DSHP 1115 Waiver. DSHP Plus is Delaware's Medicaid managed long-term services and supports (MLTSS) program for: (1) individuals receiving care at nursing facilities (NF) other than intermediate care facilities for individuals with intellectual disabilities (ICF/IID); (2) children in pediatric nursing facilities; (3) individuals who receive benefits from both Medicaid and Medicare (dual eligibles); (4) workers with disabilities who buy-in for coverage; (5) individuals who would previously have been enrolled through the 1915(c) HCBS waiver program for the Elderly and Disabled (including those receiving services under the Money Follows the Person demonstration); (6) individuals who would previously have been enrolled through the 1915(c) HCBS waiver for Individuals with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) related diseases; (7) individuals residing in NFs who no longer meet the current medical necessity criteria for NF services; and (8) adults and children with incomes below 250% of the Supplemental Security Income Federal Benefit Rate who are at risk for institutionalization. DSHP Plus is administered by DMMA through Medicaid managed care organizations (MCOs).
- **Lifespan 1915(c) Waiver Program** is for individuals ages 12 and over with intellectual or developmental disabilities (IDD). The Lifespan Waiver is administered by DDDS through a fee-for-service (FFS) delivery system.
- **Pathways to Employment 1915(i) State Plan Program** offers services to support competitive integrated employment for people with IDD. The Pathways Program is administered by DDDS and DSAAPD through an FFS delivery system.
- **Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) 1115 Waiver Program** is a component of Delaware's comprehensive DSHP 1115 Waiver and provides 1915(i)-like services. PROMISE enrollees include Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD) and require HCBS to live and work in integrated settings. The PROMISE Program is administered by DSAMH through an FFS delivery system.
- **Program for All-inclusive Care for the Elderly (PACE)** The State contracts with one PACE provider who operates two PACE sites.

- **State Plan HCBS for children and adults** including targeted case management, home health, private duty nursing services, and rehabilitation services (including rehabilitative services for children covered under Delaware’s early and periodic screening, diagnosis and treatment section of the State Plan). These services are provided through both managed care (DSHP MCOs) and FFS delivery systems.

Delaware has reaffirmed its commitment to HCBS with the inclusion of several items within the state fiscal year (SFY) 2022 budget, including:

- An increase in private duty nursing (PDN) service provider rates by approximately 15%, effective July 1, 2021; and
- An increase in DDDS Direct Support Professionals (DSP) provider rates, effective July 1, 2021.

These amounts will become part of the Medicaid and DDDS base expenditures in future spending. Additionally, Delaware is preparing for an expansion of our PACE program, adding a new PACE provider and site with expected operation up and running by March 1, 2022. None of these three initiatives (PDN rate increase, DDDS DSP rate increase, or PACE expansion) will be added as an activity to the Spending Plan.

DHSS continues to work with stakeholders to propose activities to expand, enhance, or strengthen HCBS for all populations, recognizing the impact that the pandemic has had on the HCBS delivery system. DMMA and our partner divisions within DHSS are seeking initiatives that will:

- Lead to long-term, sustainable changes that address gaps and barriers in Medicaid HCBS in Delaware;
- Support HCBS workforce development across Medicaid programs;
- Support person-centeredness and maximize individuals’ opportunities for choice, independence, and community integration;
- Focus on improved health outcomes for members and a reduction in health disparities;
- Plan for well-trained and culturally competent providers;
- Recognize that families and other informal supports are an essential component of the HCBS delivery system in Delaware; and
- Support innovation and partnerships.

# Stakeholder Input

## **Quarterly Update for Q3 FFY 2023**

Since the submission of the Quarterly Update of the Spending Plan in October 2022, DMMA has updated information and announcements on its website to keep stakeholders informed on progress made with CMS approval and the implementation of proposed activities. DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD, and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan.

## **Quarterly Update for Q2 FFY 2023**

Since the submission of the Quarterly Update of the Spending Plan in July 2022, DMMA has made efforts to update information and announcements on its website to keep stakeholders informed on progress made with CMS approval and implementation of proposed activities. DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD, and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan.

Additional public stakeholder sessions are to be scheduled in the future, following additional implementation activities.

## **Quarterly Update for Q1 FFY 2023**

Since the submission of the Quarterly Update of the Spending Plan in April 2022, there have been no additional public stakeholder sessions. However, DMMA continues to meet regularly with Division partners, including DDDS, DSAAPD and DSAMH, to discuss additional initiatives proposed for inclusion in the HCBS Spending Plan.

Additional public stakeholder sessions are to be scheduled in the future, following CMS approval of the newly proposed activities, as DMMA prepares for activity implementation.

## **Quarterly Update for April 2022**

Since the submission of the Quarterly Update of the Spending Plan in February 2022, DMMA has held two additional stakeholder sessions on March 31, 2022, and April 5, 2022. These two stakeholder sessions were focused specifically on proposals and initiatives related to behavioral health and SUD services. Stakeholders provided the following feedback:

- Generally supported the activities newly proposed as part of this quarterly update, including the rate increases for providers of SUD services.
- Offered suggestions about including proposals to use the funding available through the enhanced FMAP to expand Assertive Community Treatment (ACT) teams and Certified Community Behavioral Health Clinic (CCBHC) services available. DMMA and DSAMH continue to review proposals for potential inclusion in future updates to the Spending Plan.

Additionally, as a result of extensive feedback across multiple venues, DMMA will pursue 1115 authority to include a self-directed option for State Plan personal care or attendant care for children, including the ability to hire a legally responsible family member to provide services as a method for navigating a direct support professional shortage. While this activity will not be funded with enhanced FMAP dollars, DMMA notes it here as an outcome of the robust stakeholder engagement processes that have been occurring since the Initial HCBS Spending Plan was drafted.

DMMA continues to review proposed initiatives as they determine new activities that will be included in future updates of the HCBS Spending Plan.

### **Quarterly Update for January 2022**

Since the submission of the Quarterly Update of the Spending Plan in October 2021, DMMA has held one additional stakeholder session on January 11, 2022. The session was used to provide updates on the activities committed to in the Spending Plan and on CMS's response and partial approval. Stakeholders provided the following feedback:

- Stakeholders generally support the direction of the HCBS Spending Plan and appreciate the State's willingness and commitment to engaging in ongoing stakeholder sessions.
- Stakeholders are invested in the idea of an ongoing DSP rate study to support stability and quality in the workforce; many had questions about how this would be implemented.
- Stakeholders are eager for new benefits such as respite to support families caring for children with special needs and expressed concern in the delays with getting this benefit implemented.

### **Quarterly Update for October 2021**

Since the submission of the Initial Spending Plan in July, DMMA has hosted three additional public input sessions on August 19, August 20, and August 25, 2021, to request and discuss ideas for enhancements to be funded by the increased FMAP dollars. DMMA also continues to receive additional feedback through a monitored email box, where interested stakeholders or state associations can send recommendations in writing.

From the feedback received, several themes emerged, and these themes have been incorporated into DMMA's Quarterly Update as priority activities to be funded by the enhanced FMAP dollars. These activities include support for recruitment and retention of the HCBS direct care workforce and additional support for family caregivers through an expansion of respite care.

DMMA continues to meet with partner divisions to discuss priority activities that enhance, expand, and strengthen HCBS. Additionally, DMMA has regularly scheduled meetings with the Ability Network of Delaware, with the Spending Plan initiatives as a standing item on the agenda. Finally, DMMA has scheduled future meetings with other external stakeholders, such as the Delaware Association for Home and Community Care, to discuss how their priorities align with identified priorities and activities in the Spending Plan. DMMA continues to review all suggested activities and commit to those that meet the guiding principles outlined above.

### **Initial Spending Plan**

DMMA held two public input sessions on June 23, 2021, and June 25, 2021, to request and discuss ideas for enhancements to be funded by the increased FMAP dollars. State associations and other interested parties provided additional recommendations and suggestions in writing. The State has also created a monitored email account as a mechanism for receiving ongoing stakeholder input. Information regarding the Initial Spending Plan including summary information regarding stakeholder feedback received to date is posted on our [website](#). From July 2021 through September 2021, DMMA, along with our partner DHSS divisions, intends to proactively reach out to stakeholder groups, as well as, hold additional public input sessions that will shape updates to the Initial Spending Plan. The Initial Spending Plan as submitted incorporates the feedback the State has received to date.



# State's Response to Request for Additional Information

## Quarterly Update for Q3 FFY 2023

DMMA attended a call with CMS on October 31, 2022. During this call, CMS requested that DMMA revise and resubmit the Q1 FFY 2023 HCBS Spending Plan to remove any vendor-identifying information, to clarify one acronym, and to confirm that one of the activities proposed was defined correctly and was targeted at participants residing in the community. CMS followed up this call with an email to confirm the deadline for resubmission. DMMA resubmitted with the information corrected as requested, on November 17, 2022.

Following this resubmission, DMMA received a partial approval on December 12, 2022 for Quarter 1 of FFY 2023. DMMA received additional questions via email from CMS on January 6, 2023; responses are currently being drafted for questions pertaining to Quarter 2 of FFY 2023. Responses were drafted and incorporated into the HCBS Spending Plan Narrative language, submitted to CMS on February 28, 2023.

Following a technical assistance call with CMS on April 13, 2023, DMMA made one additional requested edit for resubmission. These edits have been integrated into the Q3 FFY 2023 Quarterly Update to the HCBS Spending Plan, resubmitted on April 21, 2023.

## Quarterly Update for Q2 FFY 2023

DMMA has not received any additional questions from CMS following the Quarterly Update for Q2 FFY 2023.

## Quarterly Update for Q1 FFY 2023

On May 2, 2022, CMS asked for additional details and expenditures for the LTSS Strategic Planning Study, the Pediatric Respite Benefit, and the Development of Process for More Effectively Coordinating the Care for Children and Adults with Complex Needs and Multi-System Involvement activities previously proposed. Additional details were included in the April 2022 submission, and more information has been included in this Quarterly Update as well.

## Quarterly Update for April 2022

To date, DMMA has not received any additional questions from CMS.

## Quarterly Update for January 2022

The State received the following question from CMS, with available responses provided:

- CMS question: The revised initial plan indicates that Delaware plans to use the state funds equivalent to the increase in FMAP to increase rates for private duty nursing services. Please clarify in the State's revised spending plan (submitted with the next quarterly report) that the rate increase would only be for private duty nursing services provided in a beneficiary's own home.
  - Delaware response: The State does not intend to fund the PDN rate increases with the state funds garnered from the increased FMAP. This rate increase has been funded with

appropriations from the SFY 2022 budget, as per Section 184 of House Bill 250<sup>1</sup>. Any references to the rate increase for PDN is made as a demonstration of the State’s ongoing commitment to supporting HCBS.

### **Quarterly Update for October 2021**

The State received a number of questions from CMS as part of the Request for Additional Information issued on August 24, 2021. As noted in the State’s response on August 28, 2021, the Initial Spending Plan was completed with a list of examples of activities that the State had collected as part of the robust stakeholder engagement process. The Initial Spending Plan as submitted did not represent any activities that the State had fully committed to nor for which the State requested funding. Following additional discussion and planning meetings, the State presents several activities in this Quarterly Update that are priority areas for the State, are supported by the guiding principles, have stakeholder buy-in, and expand, enhance, or strengthen HCBS. As of this Quarterly Update, the State respectfully requests CMS to review the descriptions of these activities to determine approval of using the enhanced FMAP dollars to fund them.

The State agrees to notify CMS as soon as possible if:

- The State’s activities to expand, enhance, or strengthen HCBS under ARP section 9817 are focused on services other than those listed in Appendix B or that could be listed in Appendix B. If this occurs, the State will clearly explain how the activities will expand, enhance, or strengthen HCBS under Medicaid;
- The State’s activities include room and board; and/or
- The State’s activities include activities other than those listed in Appendices C and D of the State Medicaid Director Letter dated May 13, 2021.

The State also understands that CMS is not approving any payment for room and board under the proposed activity to “Partner with Delaware State Housing Authority and other housing agencies to provide rental assistance.” This item remains under consideration but has not yet been included as an activity to be funded through the Spending Plan.

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<sup>1</sup> Delaware House of Representatives 151<sup>st</sup> General Assembly. *House Bill No. 250*. Signed by Governor John Carney on June 30, 2021. Bill text available here: <https://legis.delaware.gov/BillDetail?LegislationId=78941>

## Spending Plan Projection

Total Amount of Funds Attributable to the Increase in FMAP between April 1, 2021, and March 31, 2022:

Delaware Medicaid HCBS Program	Estimated 4/1/2021-3/31/2022 Funding for HCBS (Total Computable)	FMAP Increase	Estimated FMAP Increase Funding
DSHP/DSHP Plus 1115 – Managed Care*	\$232,078,388	10%	\$23,207,839
Lifespan 1915(c) – FFS	\$200,000,000	10%	\$20,000,000
Pathways 1915(i) – FFS	\$2,100,000	10%	\$210,000
PROMISE 1115 – FFS	\$23,230,000	10%	\$2,323,000
PACE	\$17,100,000	10%	\$1,710,000
State Plan HCBS – FFS	\$11,675,360	10%	\$1,167,536
DDDS DSP Increase (effective July 1, 2021) – FFS**	\$35,773,711	10%	\$3,577,371
PDN Increase (effective July 1, 2021)**	\$5,428,453	10%	\$542,845
<b>TOTAL</b>	<b>\$527,385,911</b>	<b>10%</b>	<b>\$52,738,591</b>

\*The DSHP/DSHP Plus 1115 managed care estimates were developed by DMMA’s actuary using:

- The actual calendar year (CY) 2021 contracted rates and an estimate of the CY 2022 rates;
- Enrollment estimates based on the most recent projections from DMMA for monthly enrollment by MCO and rate cell; and
- An “HCBS percentage of total capitation dollars” based on services identified according to the CMS Section 9817 guidance applied to the DSHP CY 2019 HCBS experience.

The non-benefit component of the capitation rates is included in the DSHP/DSHP Plus managed care estimates.

\*\*The SFY 2022 budget included a State appropriation for rate increases for DDDS DSPs and Medicaid PDN services. These amounts have not yet been allocated to specific programs or delivery systems.

As requested during the Technical Assistance Call with CMS on March 7, 2022, the State provides the following clarification: Delaware confirms that the estimate for the PDN increase in the above table reflects only those PDN services provided in the home or community. The Delaware Medicaid State Plan, Attachment 3.1-A, Page 3a Addendum, notes the following limitations for Private Duty Nursing, “Private duty nursing is available only for recipients who require more individual and continuous care than home health services as defined in 42 CFR 440.70. Private Duty Nursing Services (PDN) provided in a hospital or nursing home would not be paid. This care is already covered in the fee paid to those facilities. Only PDN services provided in non-institutional settings are covered.”

## **Anticipated Expenditures for Activities to Enhance, Expand, or Strengthen HCBS between April 1, 2021 and March 31, 2025**

### ***Quarterly Update for Q3 FFY 2023***

Delaware remains committed to reinvesting all of the \$53 million in increased federal funding on activities that enhance, expand, or strengthen HCBS. While no new activities are proposed in this Quarterly Update, activity descriptions and expected expenditures have been updated.

### ***Quarterly Update for Q2 FFY 2023***

Delaware remains committed to reinvesting all of the \$53 million in increased federal funding on activities that enhance, expand, or strengthen HCBS. Sixteen new activities are proposed in this Quarterly Update, with the expenditures estimated in the table below.

### ***Quarterly Update for Q1 FFY 2023***

Delaware remains committed to reinvesting all of the \$53 million in increased federal funding on activities that enhance, expand, or strengthen HCBS. Four new activities are proposed in this Quarterly Update, with the expenditures estimated in the table below.

### ***Quarterly Update for April 2022***

Delaware has recently engaged in a process to re-estimate the enhanced FMAP to be claimed, given updated guidance from CMS about rehabilitative services and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits that can be included, an update to the managed care rates effective January 1, 2022, and actual expenditures. The State remains committed to reinvesting all of the \$53 million in increased federal funding on activities that enhance, expand, or strengthen HCBS.

Again, DMMA notes that the proposed end date of this funding on March 31, 2024, occurs in the middle of a managed care rating period. DMMA continues to plan for a request to extend the end date through the end of CY 2024 to coincide with the end of the rating period. DMMA commits to completing an exemption request once the process becomes available.

### ***Quarterly Update for January 2022***

Delaware is committed to reinvesting all of the estimated \$53 million in increased federal funding on activities that enhance, expand, or strengthen HCBS. DMMA notes that the proposed end date of this funding March 31, 2024, occurs in the middle of a managed care rating period. With a large part of HCBS provided within a managed care delivery system in Delaware, DMMA advises CMS that an extension of that end date will be requested through the end of that calendar year to coincide with the end of the rating period. DMMA understands that an exemption request will need to be submitted and looks forward to receiving this guidance from CMS.

Activity	Division Owner	Status of Activity	Total Computable Costs	State Equivalent Funds Estimate	Additional Anticipated Match
SUD Provider Rate Increase	DMMA/ DSAMH	Remains under CMS Review	\$4,027,546	\$1,671,835	Medicaid-match for services anticipated
SUPPORT Demonstration Project Administration	DMMA/ DSAMH	Remains under CMS Review	\$610,000	\$610,000	No additional match anticipated
SUD Prevalence Study Updates	DMMA/ DSAMH	Remains under CMS Review	\$70,000	\$35,000	50% Administrative Match
SUD Prevalence Dashboard Updates	DMMA/ DSAMH	Remains under CMS Review	\$60,000	\$30,000	50% Administrative Match
Comprehensive Medicaid SUD Provider Directory	DMMA/ DSAMH	Remains under CMS Review	\$75,000	\$37,500	50% Administrative Match
Certified Community Behavioral Health Clinic Stakeholder Engagement and Strategic Planning	DMMA/ DSAMH	Remains under CMS Review	\$100,000	\$50,000	50% Administrative Match
Preferred Office-Based Opioid Treatment Design Support	DMMA/ DSAMH	Remains under CMS Review	\$185,000	\$92,500	50% Administrative Match
Preferred Office-Based Opioid Treatment Planning Grants	DMMA/ DSAMH	Remains under CMS Review	\$1,100,000	\$1,100,000	No additional match anticipated
Pregnant and Parenting People (PPP) Living with Opioid Use Disorder Technical Assistance and Project ECHO	DMMA/ DSAMH	Remains under CMS Review	\$750,000	\$375,000	50% Administrative Match
PPP Living with OUD Planning Grants	DMMA/ DSAMH	Remains under CMS Review	\$600,000	\$600,000	No additional match anticipated
Mental Health Service Cost and Rate Study	DMMA/ DSAMH	Remains under CMS Review	\$298,000	\$149,000	50% Administrative Match
DDDS Outreach and Marketing Campaign	DDDS	Remains under CMS Review	\$140,140	\$140,140	No additional match anticipated
DDDS DSP Recruitment Campaign	DDDS	Remains under CMS Review	\$118,220	\$118,220	No additional match anticipated
Supportive Housing Pilot	DMMA	Remains under CMS Review	\$550,000	\$550,000	No additional match anticipated
DSP Workforce Initiative Roadmap	DMMA	Remains under CMS Review	Under Development	Under Development	No additional match anticipated
DSAMH DSP Recruitment and Retention Payments	DMMA/ DSAMH	Remains under CMS Review	Under Development	Under Development	Medicaid-match for services anticipated
HCBS Innovation Pilot Grants	DMMA	Remains under CMS Review	\$5,000,000	\$5,000,000	No additional match anticipated

Activity	Division Owner	Status of Activity	Total Computable Costs	State Equivalent Funds Estimate	Additional Anticipated Match
Registered Behavioral Technician Workforce Development	DDDS	CMS Approval 12/12/22	\$311,160	\$311,160	No additional match anticipated
Co-Occurring Gap Analysis	DDDS	CMS Approval 12/12/22	\$88,991	\$44,496	50% Administrative match
Assessment of Deaf and Hard of Hearing Residents	DDDS	Remains under CMS Review	\$30,000	\$30,000	No additional match anticipated
SUD Provider Rate Increase	DSAMH	CMS Approval 8/5/22	\$2,000,000	\$830,220	Medicaid-match for services anticipated
Self-Directed Attendant Care (SDAC) and Self-Directed Respite DSP Retention Payments	DMMA	CMS approval 8/5/22	\$3,400,000	\$1,411,340	Medicaid-match for services anticipated
DDDS DSP Recruitment Workshop	DDDS	CMS approval 8/5/22	\$48,000	\$48,000	No additional match anticipated
No Wrong Door Information Technology Upgrade	DSAAPD	CMS Approval 5/2/22	\$250,000	\$125,000	50% Administrative match
Support for Local Contact Agencies	DSAAPD	CMS Approval 5/2/22	\$400,000	\$400,000	No additional match anticipated
Education, Marketing, and Outreach on HCBS services and Delaware's No Wrong Door System	DSAAPD	CMS Approval 5/2/22	\$200,000	\$200,000	No additional match anticipated
DSP Recruitment and Retention Payments in DSHP, DSHP Plus, and DSAAPD	DMMA	CMS Approval 5/2/22	\$7,417,500	\$2,676,234	Medicaid-match for services anticipated
DSP Recruitment and Retention Payments – DDDS	DDDS	CMS Approval on 12/8/21	\$4,600,000	\$1,659,680	Medicaid-match for services anticipated
Provider rate study for DSPs who provide services under DSHP and DSHP Plus benefits and state-funded services through DSAAPD	DMMA	CMS Approval on 12/8/21	\$650,000	\$325,000	50% Administrative match
Update of Critical Incident Management Processes	DMMA	CMS Approval on 12/8/21	\$140,000	\$140,000	No additional match anticipated
LTSS Strategic Planning Study	DMMA	CMS Approval on 8/5/22	\$350,000	\$175,000	50% Administrative match
Addition of a Respite Service for Children with Medical Complexity and Children with SED, MH, and MH/IDD Needs	DMMA	CMS Approval on 8/5/22	\$9,903,064	\$4,110,762	Medicaid-match for services anticipated
Development of Process for More Effectively Coordinating the Care for Children and Adults with Complex Needs and Multi-System Involvement	DMMA	Remains under CMS review	N/A	N/A	Reframed as a component of the LTSS Strategic Planning Study

The total State share for the 33 initiatives for which DMMA requests funding through the Spending Plan is \$23,046,087. This leaves an estimated \$29,692,504 of Spending Plan funds remaining to be spent through March 31, 2025. Nineteen of the previously proposed initiatives remain under CMS review with approval pending.

# Spending Plan Narrative

## **Quarterly Update for Q3 FFY 2023**

DMMA proposes no new activities in this Quarterly Update. However, activity descriptions and expected expenditures have been updated for several activities, as described below.

## **Quarterly Update for Q2 FFY 2023**

DMMA proposes 16 additional activities to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

## **SUD Provider Rate Increases**

### ***Quarterly Update for Q3 FFY 2023***

As noted below in the Activity Description, this activity is proposed as a possible second phase for a previously approved activity. As this activity is still under CMS review, information about implementation activities is described within the previously approved activity.

### ***Activity Description***

This activity represents a possible second phase of a previously approved activity.

DSAMH is currently planning a rate increase for SUD providers across levels of care. For the purposes of the rate increase that will be funded with the enhanced FMAP dollars, these increases are targeted at providers of services listed in Appendix B of the SMD Letter #21-003 who are not providing services in institutions of mental disease. Specifically, the SUD providers targeted for these rate increases provide services covered under the rehabilitative services benefit in the State Plan, including residential treatment (not provided in an institution for mental disease), partial hospitalization, intensive outpatient treatment, and outpatient counseling and other services.

The original rate increases will be effective January 1, 2023. This newly proposed activity will use the enhanced FMAP to fund the rate increases from July 1, 2023 to June 30, 2024, if the state legislature does not appropriate the funds as planned.

The rate methodology as described in the State Plan will not require an amendment, nor will this require a directed payment preprint. The State is currently working towards including these rate increases in future legislative appropriations in order to sustain them.

The total expenditures for this activity is estimated to be \$4,027,546, with the State share funded through the enhanced FMAP dollars to be approximately \$894,125 after seeking Medicaid match for these services. This includes a 7.7% increase in utilization, based on historical utilization increases.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. The services impacted by these rate increases are covered as part of the rehabilitative services benefit in the Delaware Medicaid State Plan; these include SUD outpatient and residential addition treatment services. The following HCPCS codes were subject to rate increases:

- H0001 Alcohol and/or Drug (AOD) assessment (ASAM Level .5 or 1)
- H0004 Behavioral health counseling and therapy (ASAM Level .5 or 1)
- H0005 AOD services, group counseling by a clinician (ASAM Level 1)



- H0038 Self-help/peer services, substance abuse program
- H0012 AOD abuse services; ambulatory detoxification (Level 2-WM), more than 4 hours, but less than 24 hours per day
- H0015 AOD services, intensive outpatient
- H0035 Mental health partial hospitalization program
- H2034 AOD residential program, per diem (ASAM Level 3.1)
- H2036 AOD residential program (ASAM Level 3.3)
- H0011 AOD services, acute detoxification (residential addiction program inpatient)(ASAM Level 3.7)

Please note that DMMA is no longer requesting funding for medication assisted treatment initiated in emergency departments; this language has been removed from the Activity Description.

With the enhanced FMAP funding available through ARPA, DMMA is only requesting to fund the delta between the rates paid on April 1, 2021 to these providers and the increased rates. The rate as paid on April 1, 2021 will continue to be paid through typical Delaware Medicaid funding. FMAP funds will not supplant the State's proportion of the rate. FMAP funds will be used to supplement the rate in the form of a rate increase. This FMAP funding gets the rate increase to providers sooner, helping to maintain access to Medicaid-funded HCBS targeted at those members with substance abuse disorders. The rate increase for this provider group has been included in the Governor's recommended budget, but has not yet been approved.

## **SUPPORT Demonstration Project Administration**

### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

### ***Activity Description***

DMMA was one of five states awarded a three-year SUPPORT Act Demonstration Project cooperative agreement. The SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities) Act was enacted in 2018 in response to growing concern regarding the increasing number of drug overdose deaths. The SUPPORT Act seeks to address widespread overprescribing and abuse of opioids. This funding will enhance, expand, and strengthen SUD-focused HCBS services, as it will enable DMMA to plan for and implement a range of SUD-focused initiatives including

- Assessing and addressing SUD prevalence
- Assessing and addressing SUD treatment and recovery system capacity and gaps
- Analysis of service utilization patterns including changes to criteria if needed
- Identifying policy and reimbursement barriers
- Implementing strategies to develop a long-term, sustainable SUD provider network

Total anticipated cost across two year proposed period would be \$610,000.

Because the scope of this activity is time-limited and primarily intended to study the landscape of opioid treatment related services, policy and provider network resources, a sustainability plan is not required.

These funds will be used to support contractor resources to manage the cooperative agreement and develop and implement work plans for SUD treatment and recovery services expansion initiatives. None of the services developed as part of this initiative will be provided in an IMD.

## **SUD Prevalence Study Updates**

### ***Quarterly Update for FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

With funding support from the SUPPORT Act planning grant, DMMA contracted with a vendor to produce the 'Annual Prevalence Report (2014-2019) for Substance Use Disorder Among Medicaid Clients'. This report includes statewide SUD and opioid use disorder (OUD) prevalence rates among Delaware Medicaid beneficiaries, as well as other key indicators such as demographics, subpopulations impacted by SUD/OUD, rates of co-occurring mental illness and polysubstance use, and county and zip code level OUD prevalence rates. HCBS spending plan funds will pay for two new updates to the previous prevalence study. The first will reflect findings from data from 2020 and 2021. This update will be published in spring of 2023. The second will reflect findings from data from 2022 and 2023. This update will be published by March 31, 2025.

Total anticipated cost across two years (2023-2025) would be \$70,000 covering costs of data analysis and development of both report updates. This activity is anticipated to be eligible for federal administrative match.

Because the scope of this activity is time-limited and to develop reports specific to defined time periods intending to develop an enhanced understanding of SUD/OUD prevalence rates in Delaware, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. The prevalence study was funded with the SUPPORT Act planning grant; funds from this grant are no longer available. The funding to replicate this study is now being requested through the HCBS Spending Plan. DMMA will use prevalence data to inform decisions around expansion of community-based SUD treatment and recovery services.

## **SUD Prevalence Dashboard Updates**

### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA intends to incorporate findings from prevalence analysis studies described previously into an internal SUD data dashboard. HCBS funding will be used to develop the dashboard and incorporate data from the two prevalence study reports covering 2020-2021 and 2022-2023. Completion of the dashboard containing the most current data should be anticipated by 2025.

Total anticipated cost would be \$60,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. DMMA plans to convert prevalence study findings into a user-friendly dashboard that can be used internally by State staff and contractors to inform the development of community-based SUD treatment and recovery services and inform other DMMA

strategies to support the SUD crisis. A previous version of this dashboard was funded through the SUPPORT Act planning grant; planning grant funds are no longer available for this purpose.

### **Comprehensive Medicaid SUD Provider Directory**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA proposes the development of a comprehensive Medicaid SUD provider directory including providers of Office-Based Opioid Treatment (OBOT) programs. DMMA will utilize several different information sources in effort to accurately reflect the most current list of active Medicaid providers to promote timely access for members. These sources include the DSAMH provider directory, DMMA and contract MCO provider enrollment data, Delaware Treatment and Referral Network, and Treatment Connection. Delaware Treatment and Referral Network is a statewide, comprehensive referral network for behavioral health and SUD treatment. Treatment Connection is a public facing portal, which enables those seeking mental health and SUD treatment to anonymously search for nearby providers, evaluate the type of care needed, and submit confidential online referral inquiries to treatment providers.

Completion of the SUD directory is anticipated by July 31, 2023. Total anticipated cost would be \$75,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

### **CCBHC Stakeholder Engagement and Strategic Planning**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA seeks funds to pay for stakeholder engagement activities and to assist with the development of an operational/strategic plan for the implementation of CCBHCs in Delaware. These proposed stakeholder activities and strategic planning efforts would establish a strong foundation for DMMA to seek additional funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) for an RFP anticipated for release in October 2022. Funds would be used to support dedicated staffing and administrative resources to facilitate stakeholder meetings and develop a strategic plan for the development of the CCBHC model.

Completion of all stakeholder and plan development activities is anticipated by July 31, 2023. Total anticipated cost would be \$100,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

### **Preferred OBOT Design Support**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

The Preferred OBOT Treatment model is a type of outpatient treatment designed for people living with opioid use disorder (OUD) that integrates medical services, addiction treatment and recovery services for individuals in one primary care location. DMMA proposes contracting with a vendor to complete the following in effort to implement Preferred OBOT Treatment model services in Delaware:

- Conduct an OBOT innovation scan
- Develop strategic objectives
- Conduct stakeholder engagement activities regarding design of the model
- Design a straw model
- Define all programmatic design requirements

Building a design plan will require engagement with key provider informants. DMMA proposes conducting a series of interviews with a variety of informants, conducting a complex claims analysis effort, developing alternative payment models, and engaging their contracted MCOs.

Completion of the design is anticipated by March 2025. Total anticipated cost would be \$185,000. This activity is expected to be eligible for federal administrative match.

Because the scope of this activity is time-limited, a sustainability plan is not required.

### **Preferred OBOT Planning Grants**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

To further DMMA's intended implementation of the Preferred OBOT model, DMMA proposed award of 10 \$100,000 planning grants to support participation in a learning collaborative. These planning grants would be applicable to any of the following activities:

1. Develop community needs assessments
2. Develop and implement staff training plans
3. Hiring of personnel
4. Develop and implement client recruitment/marketing plans
5. Develop and implement processes and procedures on how to collect and what to report on evaluation data
6. Participate and support technical assistance activities

Outreach and education efforts related to the grant award process would begin in August 2023. Award of all 10 planning grants would be completed by September 2024. Total anticipated cost for the grants would be \$1,000,000 with an additional \$100,000 anticipated for administrative oversight and support of the grant award materials, evaluation, and selection of awardees for a total cost of \$1.1 million. This activity is not eligible for federal administrative match.

Because the scope of the activity is time-limited, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. Entities that are eligible for the OBOT Planning Grants include outpatient medical settings, including primary care practices, women's health outpatient clinics, HIV clinics, and Federally Qualified Health Centers. All entities are community-based, though not traditionally considered HCBS. However, the OBOT model will support the integration of psychosocial rehabilitative services into these outpatient medical practices, as well as partnerships with specialty SUD

treatment programs, including outpatient and residential addiction services providers. This ultimately expands access to community-based SUD services. No room and board will be funded through these planning grants.

### **Pregnant and Parenting People (PPP) Living with OUD Technical Assistance and Project Extension for Community Healthcare Outcomes (ECHO)**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

#### ***Activity Description***

DMMA proposes convening two Projects for the Extension for Community Healthcare Outcomes (ECHO) to advance effective Medication for Opioid Use Disorder (MOUD) implementation for PPP with OUD. One of the projects will focus on OBOT and the other on OTPs (Methadone clinics or Methadone Maintenance Treatment Programs). DMMA will extend an existing contract with a subject matter expert on the integration of behavioral health and reproductive and sexual health. The consultant will advise on programmatic, policy and clinical strategies to improve care for PPP with OUD. DMMA will procure quality improvement support on PPP-related initiatives.

Use of HCBS funding for this initiative will be dedicated as follows:

- \$200,000 for each ECHO, totaling \$400,000
- \$150,000 for clinical and programmatic consultation
- \$200,000 for quality improvement initiatives

Total anticipated cost for this activity is \$750,000. Completion of all activities is projected for March 2025. This activity is eligible for federal administrative match.

Because the scope of the activity is time-limited, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions has been integrated here. The proposed ECHO clinic is designed to build the capacity of providers to implement evidence-based practices to address OUD among PPP, through the provision of training and technical assistance to providers. The ECHO clinic will also include training on how to optimize Medicaid reimbursement in the delivery of services.

No sustainability plan is needed, given that this is designed to be a focused, time-limited activity. Future training and technical assistance, including additional ECHO clinics, will likely be funded by our partner Division, the Division of Substance Abuse and Mental Health (DSAMH). DMMA will ensure that Medicaid providers are aware of and can participate in these DSAMH-funded technical assistance opportunities.

For the proposed DMMA ECHO clinic, any willing and appropriate Medicaid provider can apply to participate, but selections will be made based on DMMA's assessment of each entity's ability to impact the target population. No institutional providers will be eligible for the grants; no room and board will be paid with these funds.

### **PPP Living With OUD Planning Grants**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

### ***Activity Description***

DMMA proposes to provide planning grants to six labor and delivery hospitals, which will address the following PPP related initiatives:

1. Identify champions within each hospital to lead PPP-related efforts in their facility
2. Design OUD protocols with the labor and delivery hospitals selected
3. Enhance warm handoffs from the labor and delivery to community based OUD providers and community based OB-GYN practices

Total anticipated cost for the grants project is \$600,000, with each grant award of \$100,000 to each of the six hospitals. This activity is not eligible for federal administrative match.

Because the scope of the activity is time-limited, a sustainability plan is not required.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. These planning grants are intended to improve and strengthen the partnerships between hospitals and community-based SUD treatment recovery organizations. Hospitals, specifically the labor and delivery units, will receive the funding, which will support their development of OUD treatment protocols, inclusive of care pathways into community-based treatment options. Community-based provider partners will provide services identified in the Medicaid rehabilitative services option benefit. DMMA requests that hospitals receive direct funding or split the funding with the community-based partners, because they serve as critical entry points to community-based care for persons with OUD, especially following overdose events. However, these funds are designed to strengthen collaboration and referral pathways with community-based providers, increasing the likelihood that patients will continue treatment once outside of hospital environments.

### **Mental Health Service Cost and Rate Study**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under CMS review; no action has been taken towards implementation at this time.

### ***Activity Description***

DMMA proposes to expand the contract of a current vendor to complete a mental health service cost and rate study. This study will include a provider survey to query providers about costs, staff time, and composition. Following the survey, the contractor will complete a data analysis and data comparison to wages from the Bureau of Labor Statistics and other secondary data sources. Using this data, a rate model will be developed that can be updated on an ongoing basis, and this model will be put out for public comment. This model will also inform the fiscal impact models that estimate costs to the State if the new rates are adopted. Finally, updates will be made to necessary State Plan Amendments, Provider Billing Manuals, and rate methodology explanations. The work to complete this study and develop the rate model and associated documents is estimated to take place from August 1, 2022 to February 28, 2023.

The total expenditures for this activity are estimated to be \$298,000. This activity is eligible for federal administrative match. Additionally, as this activity is time-limited, a sustainability plan is not necessary.

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions has been integrated here.

Medicaid providers of mental health services were identified through the review of payments made to providers through the fee-for-service and managed care Medicaid program for service utilization in Calendar Year (CY) 2021. This list was then reviewed and validated by DMMA, by DSAMH, and by the State provider associations.

As part of the study, a provider survey will be sent out to provider organizations that provide any combination of the following services to Medicaid members with MH or SUD concerns: care management, community psychiatric support treatment, individual employment support, psychosocial rehabilitation/habilitation/education/peer support, respite, adult day habilitation, community residential alternatives, assertive community treatment, intensive care management, mobile crisis team, and partial hospitalization. The survey is scheduled to be completed by March 31, 2023, with the financial analysis and modeling to occur in the summer of 2023.

The rate study will result in rate adjustments; the goal of the rate adjustments is to enhance evidence-based services and strengthen access for Medicaid members. The study will also help identify gaps in services and highlight opportunities for future State initiatives to address these gaps.

### **DDDS DSP Recruitment Campaign**

#### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS has continued progress towards implementation. The vendor chosen for this work presented proposed draft creative briefs for the DSP recruitment campaign to DDDS staff and DHSS Communications staff on December 9, 2022. The Division and the Department Communications team provided written feedback during the week of December 12, 2022 to inform next steps. The vendor anticipates to launch in the first quarter of CY 2023 for this initiative, with the DSP recruitment campaign to follow the broader marketing campaign described below.

#### ***Activity Description***

In support of workforce recruitment efforts, DMMA proposes to use the enhanced FMAP funds to partner with a vendor to complete a Recruitment Marketing Campaign for the DDDS service system. This campaign will provide an overall planning and concept development, campaign production and tool development, enhancements to the Division's website to facilitate recruitment and engagement with the DSP workforce, and both traditional and digital media placement.

This work is to begin during the last quarter of CY 2022 and be completed by the end of the first quarter of CY 2023. As this activity is time-limited, no sustainability plan is required.

The total expenditures for this activity are estimated to be \$118,220, with no additional federal match planned. While this effort is currently targeted towards DDDS, the work is designed to be scalable, and additional funding may be requested in a future Quarterly Spending Plan update to expand this work to include similar projects for DMMA, DSAAPD, and/or DSAMH.

### **DDDS Outreach and Marketing Campaign**

#### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS has continued progress towards implementation. The vendor chosen for this work presented their draft creative briefs for the DSP recruitment campaign to DDDS staff and DHSS Communications staff on December 9, 2022. The Division and the Department

Communications team provided written feedback during the week of December 12, 2022 to inform next steps. The vendor anticipates a launch in the first quarter of CY 2023 for this initiative.

### ***Activity Description***

To support strengthening the HCBS pathway for new applicants, funds will be used to partner with a vendor to assist with a brand campaign and service navigation that will make DDDS services more visible and easier to navigate for newly eligible service recipients and their families. DDDS notes that during the PHE, there was a notable drop in the number of new applications for services as traditional pathways to services were disrupted by the pandemic. Although application numbers have rebounded, DDDS has identified a gap in applicant data trends and believes now is a critical time to increase outreach and enrollment efforts before those losses become systemic service gaps for those individuals.

This work is to begin during the last quarter of CY 2022 and be completed by the end of the first quarter of CY 2023. As this activity is time-limited, no sustainability plan is required.

The total expenditures for this activity are estimated to be \$140,140, with no additional federal match planned. While this effort is currently targeted towards DDDS, the work is designed to be scalable, and additional funding may be requested in a future Quarterly Spending Plan update to expand this work to include similar projects for DMMA, DSAAPD, and/or DSAMH.

### **Supportive Housing Pilot Project**

#### ***Quarterly Update for Q3 FFY 2023***

DMMA began engaging with a vendor to facilitate a planning process and convene a “planning council” that will design a supportive housing program pilot for Medicaid-eligible Delawareans who are experiencing severe housing insecurity. This activity would enhance HCBS by reducing housing insecurity as a limitation for those members who qualify for and who would prefer to receive Medicaid services in their homes and communities.

The Planning Council, detailed further below, will define the goals, key partners, and programmatic details of the pilot through a well-research and iterative process. The Planning Council may explore such decision points as:

1. **Goals** – What are the primary goals to guide the supportive housing pilot and evaluate against?
2. **Target Population** – What is the pilot’s population focus among those experiencing homelessness and housing insecurity? Will the pilot focus on one county or statewide?
3. **Key Partners** – What agencies will provide leadership for supportive services, access to housing units, rental assistance, and behavioral health integration?
4. **Access to Permanent Housing** – What are the strategies to access permanent housing units in a single-site and/or scattered-site?

All details in this document will be further explored with the Planning Council and revised as needed to ensure the pilot’s success.

#### **Problem Statements**

The Planning Council, described in further detail below, could look to address the following problem statements, identified by DMMA and key stakeholders:

1. **Housing Affordability:** Rent prices have continued to climb (increasing by over 20% from 2020 to 2022), stressing the affordability of housing across the state. Availability of housing is a key



concern. It is estimated that there is only 1 affordable home for every 3.2 extremely-low-income Delawarean households.

2. **Homelessness:** Homelessness has risen drastically in Delaware, according to the annual Point in Time Count. Homelessness, according to the annual census, has doubled since 2019.
3. **Integrating Behavioral Health into Permanent Housing:** The housing crisis is impacting those with mental illness and substance use disorders disproportionately. Lack of affordable housing and long-term housing-oriented services are proving difficult to move clients into permanent housing destinations integrated in the community.
4. **Transitioning from Inpatient or Institution to Housing:** There are challenges for those exiting inpatient (hospital or NF) or correctional facilities to transition to permanent housing and connect with needed services on a long-term basis

### Goal Statements

The Planning Council will review the problem statements and agree upon goals to guide the supportive housing pilot. The below goals are suggestions to guide discussion of the Planning Council and will be refined, changed, and adjusted as required:

1. Reduce homelessness and increase housing stability for a targeted population
2. Increase health outcomes for people living with severe mental illness and substance use disorders
3. Integrate behavioral health services and Medicaid support into Delaware’s homeless response system

### Guiding Service Philosophy

Key Value	Definition
<b>Supportive Housing</b>	The integration of permanent housing in the community with targeted supportive services, using a trauma-informed and equity lens.
<b>Housing First</b>	The evidence-based service philosophy that permanent housing should not be conditioned on sobriety or rigid program guidelines. Housing should be a first step to stability and increase health outcomes, if aligned with trauma-informed supportive services.
<b>Permanent Housing</b>	Housing that is affordable to the client; integrated into the community; not transitional or temporary to the tenant; lease or sublease is signed in the client’s name.

### Target Populations

The DE Supportive Housing Pilot may serve the following populations with a potential focus in one of Delaware’s counties:

1. Households currently experiencing literal homelessness, who are eligible for Medicaid and are assessed by Delaware’s Coordinated Entry System
2. Households that are at risk of homelessness due to an immediate (30 days or less) exit from the following locations:
  - a. Institutions for Mental Disease
  - b. Inpatient hospitals
  - c. Nursing facility
  - d. Correctional facilities

### Phased Planning, Implementation, and Evaluation

PHASE ONE	PHASE TWO	PHASE THREE
Planning	Implementation	Evaluation

Feb – July 2023	Oct 2023 – Sept 2024	Sept 2024 – Mar 2025
<b>Scope of Work</b>		
<ul style="list-style-type: none"> <li>• Form a Planning Council of key agencies to facilitate planning</li> <li>• Determine lead agencies to deliver supportive services</li> <li>• Determine the source for rental assistance for clients in pilot</li> <li>• Determine access to housing units for clients</li> <li>• Engage third-party evaluator in design of outcome and data tracking</li> <li>• At the conclusion of planning process, submit updated pilot design and budget to CMS to review and approve</li> </ul>	<ul style="list-style-type: none"> <li>• Execute agreements with participating MCO's, CBO's, and other agencies, as needed</li> <li>• Launch pilot and serve target population</li> <li>• Convene the Planning Council periodically to address challenges and review progress</li> </ul>	<ul style="list-style-type: none"> <li>• Execute agreement with third-party evaluator</li> <li>• Conduct an evaluation of the pilot results with a specific focus on client health outcomes, the rapidity of moving into permanent housing, and the sustainability of the housing placement</li> </ul>

**Phase One – Planning Agenda**

In the first phase of work, the project managers will guide a planning process that aligns stakeholders into agreement on the details of the pilot. A number of supportive housing programs across the country have overcome the affordable housing crisis by taking a dedicated approach to housing, identifying property owners who will sign a memorandum of understanding to alter their tenant selection policy to prioritize supportive housing clients. This is an approach the Delaware could take to access units for the pilot.

That planning work may include the following items:

1. **Form a Planning Council** to facilitate the design and partnership agreements for the Supportive Housing Pilot. The membership will likely include at least these agencies:
  - a. Division of Medicaid and Medical Assistance
  - b. Division of Substance Abuse and Mental Health
  - c. University of Delaware – Center for Community Research & Service
  - d. Housing Alliance Delaware
  - e. Housing Authorities (such as DE State Housing Authority, New Castle County Housing Authority, Wilmington Housing Authority, and Newark Housing Authority)
  - f. Managed Care Organizations
  - g. Supportive service agency who will lead housing-based care management (as determined by the Planning Council)
2. **Build partnerships** with key agencies in Delaware:
  - a. Conduct key informant interviews and site visits with Planning Council members and other relevant stakeholders to identify a lead social service agency, a source for rental assistance, and partners for access to permanent housing units
  - b. Review data from Medicaid, behavioral health agencies, and the homeless response system to establish a baseline to measure against for the pilot's effectiveness

3. Deliver an **environmental scan of evidence-based practices** to Planning Council around the integration of behavioral health, Medicaid, and supportive housing. Use, as a baseline, existing planning and research documents.
4. Facilitate the Planning Council with **periodic meetings** (March to July) in order to reach agreement on programmatic decision points such as the following:
  - a. **Supportive Services:** identify the standard of care expected for a community benefit organization (CBO) to provide to clients; determine the selection process for the one CBO expected to lead services
  - b. **Housing Units:** determine how to dedicate permanent housing units for the pilot clients, including exploring single-site opportunities and a unit recruitment campaign to identify scattered-site opportunities governed by an MOU
  - c. **Rental Assistance:** decide on the source for rental assistance to support permanent housing placement for clients
  - d. **Integration of Behavioral and Physical Health:** determine the role MCO's and state agencies can play to effectively integrate behavioral and physical health services into the housing-based programming
5. Provide a **series trainings on Housing First**, trauma-informed care, and other evidence-based practices to relevant staff at the MCO's, CBO, and any other participating agencies

**Planning Budget**

Budget Category	Cost
Implementation Project Management and Trainings	\$300,000
Evaluation of Pilot Outcomes	\$250,000
<b>TOTAL PLANNING COSTS</b>	<b>\$550,000</b>

This activity will not provide any funding for room and board.

**Activity Description**

This project will include exploring services to support Medicaid members in maintaining their own living spaces. This project will not include development or construction of new homes nor providing rental funds to assist members with maintaining their current housing. This project will include piloting various types of tenancy supports, including housing location services and education around maintaining residency, to Medicaid members. The goal of this project will be to increase availability of these types of supports, to increase longevity of community residency with the addition of these supports, and to evaluate what types of supports are most effective with the intent of including them in a future 1115 demonstration amendment.

This activity is time-limited as a pilot, but will be sustained through inclusion of the most effective supports into the 1115 demonstration in the future. No additional federal match is planned for the pilot project.

**DMMA DSP Workforce Initiative**

**Quarterly Update for Q3 FFY 2023**

This activity remains under development; additional information about the activity and the projected expenditures will be provided in the Q4 FFY 2023 Quarterly Update.

### ***Activity Description***

DMMA has partnered with a contractor to develop a phased approach for an expansive DSP workforce initiative. This activity remains under development, but current ideas being explored include:

- Marketing and outreach campaigns for recruiting DSPs
- Partnering with high schools and community colleges to include DSP work as part of career exploration or to offer credits towards a DSP certification
- Exploring statewide educational or certification standards for DSPs
- Developing a career ladder
- Engaging in stakeholder sessions to better understand other challenges or pain points and gain buy-in for initiatives being pursued

At this time, the project is still under development; an estimated budget will be included in the next Quarterly Update. Once the activity has been further defined, a sustainability plan will be explored and any potential for additional Federal match will be identified.

### **DSAMH DSP Recruitment and Retention Payments**

#### ***Quarterly Update for Q3 FFY 2023***

Due to staffing resources, this activity has been delayed at this time.

The definition of qualifying DSPs has been finalized: DSPs and Peers working in behavioral health programs are eligible for these payments. DSPs working in behavioral health programs are defined as individuals employed by an agency who provide supervision, training, and/or hands-on assistance with activities of daily living and/or instrumental activities of daily living for behavioral health clients within the context of the following services: personal care services and community-based residential alternatives such as mental health group homes and crisis housing. Peers are defined as individuals who enhance the development of natural supports as well as coping and self-management skills. Peers provide person-centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing SUD and mental health conditions, to include psychiatric symptoms. Peers facilitate the utilization of natural resources and the enhancement of recovery-oriented attitudes such as hope and self-efficacy and community living skills. Job titles that qualify for these payments are listed below:

- Residence/Site Worker/Residential Aides
- Certified Nursing Assistants
- Nursing Assistants
- Certified Recovery Peers
- Recovery Coaches
- Peers
- Personal Care Attendants
- Behavioral Health Technicians
- Unlicensed Counselors

DSAMH anticipates additional staffing resources coming onboard to lead this task. Additional updates will be included in the Q4 FY 2023 Quarterly Update.

### ***Activity Description***

Similar to two proposals already approved by CMS, DMMA is requesting CMS' consideration and approval of recruitment and retention payments made to DSPs serving members receiving behavioral

health and SUD services through DSAMH. These payments would ensure that unhealthy competition would not be introduced across programs serving older adults and people with disabilities that are already struggling with a workforce shortage further exacerbated by the public health emergency.

The structure of the payments would be identical to those CMS approved for DMMA, DSAAPD, and DDDS: each DSP employed prior to April 30, 2021, who works with Medicaid members receiving HCBS more than 25 hours per week on average would be eligible for a one-time retention payment of \$1,000. Each DSP employed on or after May 1, 2021, working with Medicaid members receiving HCBS more than 25 hours per week on average would be considered a “new employee” and would be eligible for a one-time series of recruitment payments totaling \$1,000. The recruitment payments would be paid in three parts: \$500 paid at the completion of initial training and 90 days on the job; \$250 paid at the completion of six months on the job; and \$250 paid at the completion of one year on the job.

The definition for eligible job titles related to services provided through DSAMH is modified from the previously used definition to identify DSPs. Job titles included as eligible for payments are:

- Residence/Site Worker/Residential Aides
- Certified Nursing Assistants
- Nursing Assistants
- Certified Recovery Peer/Recovery Coaches
- Peers
- Personal Care Attendants
- Behavioral Health Technicians
- Unlicensed Counselors

DMMA will also include in the estimate a fee of 15% for provider agencies’ responsible for pushing these payments to the DSPs, to cover other employment costs such as Federal Insurance Contributions Act (FICA). This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the provider.

DMMA and DSAMH will partner to receive provider invoices for those DSPs who meet eligibility criteria for a recruitment or retention payment, with DSAMH making payments to the providers directly.

DSAMH is currently conducting a provider survey to estimate the number of DSPs who will be eligible for a payment. Once the survey is completed, an estimate of the total computable expenses and the State share to be funded with the enhanced FMAP will be updated in a future Quarterly Update.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended. The goal of these payments is to strengthen the HCBS workforce delivering important services to Medicaid beneficiaries.

### **Quarterly Update for Q1 FFY 2023**

DMMA proposes four additional activities to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

### **HCBS Innovation Pilot Grants**

#### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval of this activity, DMMA has worked towards drafting the HCBS Pilot Grant application and operationalizing the process for accepting, reviewing, and evaluating proposals. This work is being done to ensure a quicker implementation once CMS has issued its approval.

In December 2022, DMMA was notified that the state was selected for an ARPA Phase 3 technical assistance grant from ADvancing States to assist with the operationalizing of the HCBS Pilot Grant processes.

DMMA confirms that grants will be focused on innovative projects that enhance, expand or strengthen HCBS as defined in Appendix B of SMDL-21-003; institutional providers will not be eligible for the grant funds. The innovative grant projects funded through this pilot will not be used to pay for room and board.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. The HCBS Innovation Pilot Grants are targeted towards Medicaid HCBS providers, advocacy organizations supporting members who receive Medicaid HCBS, provider associations supporting HCBS providers, or other entities related to the field of Medicaid-provided HCBS. While applications may be received from any of these entities, DMMA will complete a comprehensive review of the pilot proposed to ensure that the proposed activity will be expanding, enhancing, or strengthening Medicaid HCBS ahead of providing any funding. The idea of these grants is to support small-scale projects that ultimately may be scaled up across the Medicaid HCBS delivery system. DMMA assures CMS that no room and board will be funded with these pilot grants.

Additionally, Delaware is making use of a technical assistance opportunity with ADvancing States to develop a strong evaluation strategy to determine whether each pilot project is scalable to the larger Medicaid program and is aligned with the HCBS goals for the State.

DMMA has not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the January 2023 update.

#### ***Activity Description***

As part of the stakeholder sessions conducted throughout 2021 and 2022, DMMA received ideas from HCBS providers and participants that represented innovative ways to deliver services, identified a need that was under-resourced or not yet met in the delivery system. The HCBS Innovation Pilot Grants would support select providers, advocacy organizations, provider associations and/or other entities related to the field of Medicaid-provided HCBS with financing the pilot and evaluation of the HCBS pilots. Grantees would share evaluation results with DMMA. Once DMMA has reviewed the results of each pilot, DMMA will determine if their activities should be integrated into the Medicaid program and will seek additional

Medicaid authority and/or state budget appropriation, as appropriate, in order to replicate the pilot activities on a larger, statewide scale.

The target of this proposed activity would be HCBS providers or other community-based organizations, including advocacy organizations, provider associations or other entities related to the field of Medicaid-provided HCBS. DMMA has identified four areas of the delivery system as a focus for the pilot grants:

1. Workforce retention
2. Support for family caregivers
3. Health-related social needs
4. Expanded access to independence-enhancing technologies.

A grant application is currently being drafted. Once CMS approval to use HCBS enhanced FMAP funds is secured, the grant application will be released. Applications must include a description of how the pilot will be evaluated for effectiveness in improving the HCBS delivery system. Grant applications will be accepted on a rolling basis, with pilot activities reviewed and determined as approved or not approved. Providers will then receive funding to implement their ideas, with a timeframe for evaluation and reporting.

Once DMMA receives the required provider reporting, additional review and discussion will occur to determine if any of the pilots should be pursued under Medicaid authority and state budgetary allocation for statewide implementation.

This activity, as proposed, will not require additional Medicaid authority; the activity will not draw down additional federal financial participation (FFP). Should any of the pilot ideas be pursued and require Medicaid authority, the appropriate waiver or state plan amendment will be submitted in order to draw down FFP.

The total expenditures for this activity are estimated to be \$5 million, with each pilot project funded up to \$250,000. Depending on the volume of proposals received and those innovation pilots that are funded, additional money may be requested in a future HCBS Spending Plan Quarterly Update. Any of the pilots funded as part of this proposal will have the potential to enhance or strengthen HCBS in Delaware.

## **Registered Behavioral Technician (RBT) Workforce Development**

### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS has continued to work towards implementation. During this quarter, a draft provider Memorandum of Understanding (MOU), invoice, and provider attestation were developed; these documents are now pending DDDS Leadership review. Once the MOU and attachments are approved, DDDS will begin working with interested providers to review and sign the MOU and to identify DSP candidates for participation in the RBT training program.

### ***Quarterly Update for Q2 FFY 2023***

DDDS has not pursued any additional activities toward implementation as this activity remains under CMS review.

### **Activity Description**

Starting in 2020 and extending into 2021, DDDS worked with a group of DDDS Home and Community Based Services Providers with expertise in supporting individuals with IDD and a co-occurring Behavioral Health or Mental Health diagnosis. Through this workgroup, it was recommended that individuals with a dual diagnosis of IDD and BH/MH receive direct supports from a Direct Support Professional (DSP) who is certified in behavior analysis as a Registered Behavior Technician (RBT). The addition of this level of expertise among DSPs working with individuals with IDD and BH/MH is expected to reduce negative outcomes such as emergency crisis intervention, hospitalization and emergency calls for law enforcement. DDDS has proposed an amendment to the 1915(c) Lifespan waiver to include direct support services provided by a DSP who has been certified as an RBT to Residential Habilitation, Supported Employment, Day Habilitation and Pre-Vocational Services. The target effective date for this amendment is July 1, 2022.

However, creating this path is only the beginning. DDDS proposes to jump start the development of this new career path for DSPs by offering a robust opportunity to train and support DSPs to obtain RBT certification. Through this proposal, DDDS aims to offer financial support for up to 100 DSPs to engage in formal training and become certified as an RBT each year for the next three years: 2022, 2023 and 2024. The proposed financial support includes:

- The cost of the training program: \$45/person
- Employee time to participate in the program: \$813-\$1,086/person
- Exam cost: \$45/person
- Application Fee: \$50/person
- Annual Recertification: \$35.00/person

The total estimated expenditures for this activity is \$100,220 for the first year, \$103,720 for the second year, and \$107,220 for the third year; the total over the course of the three years is \$311,160. DMMA does not plan to request additional matching funds, with the entirety of this proposal being funded by the enhanced FMAP dollars available.

At the end of the three years, it is projected that DDDS will have trained up to 300 DSPs and have a substantial workforce of DSPs with the skills to support people with IDD who have a co-occurring BH/MH condition.

This is a time-limited proposal and will not require a sustainability plan. This activity will strengthen HCBS by increasing the number of DSPs qualified to provide service to individuals with IDD and a co-occurring BH/MH condition.

### **Co-Occurring Gap Analysis by the National Center for START Services**

#### **Quarterly Update for Q3 FFY 2023**

While awaiting CMS approval for this activity, DDDS has secured a contract with both vendors that will complete this work to conduct and manage the statewide assessment and to facilitate the final report delivery. The team held its statewide stakeholder engagement meeting on December 2, 2022. The team is currently preparing for the distribution of a system-wide survey in early 2023. A final stakeholder meeting is tentatively scheduled for late March 2023 to deliver the findings and full report.



### ***Quarterly Update for Q2 FFY 2023***

DDDS has not pursued any additional activities toward implementation as this activity remains under CMS review.

#### ***Activity Description***

DMMA proposes using enhanced FMAP funds to support a co-occurring gap analysis to be conducted within Delaware's HCBS delivery system. The Service System Analysis is designed to assess the effectiveness of an area's community system of care in addressing the needs of individuals with IDD and co-occurring MH conditions. The system analysis will provide a summary of available resources and strengths as well as challenges to supporting individuals with IDD and MH conditions and their families in the community. A vendor will work with a task force of Delaware stakeholders in collaboration with DDDS to identify relevant organizations or groups to participate in focus groups or otherwise contribute information about gaps in the system, coordinate focus groups, identify family participants for phone interviews and review the final report. Data will be collected on the existing delivery system, including a survey distributed to gather input on service experience and needs; a Medicaid claims data review; and an on-site meeting with stakeholders and the established task force to discuss the existing system. Once findings and recommendations have been drafted, there will be a second on-site meeting to facilitate a Strategic Planning session. A final report will be published within 30 days of the second meeting.

The total estimated expenditure for this activity is \$88,991, with an administrative match anticipated. The State's share to be funded by the enhanced FMAP available is estimated at \$44,496.

This activity is proposed for one-time funding, with no sustainability plan required. This activity will strengthen HCBS in Delaware by identifying service gaps impacting individuals with IDD and a co-occurring MH condition and recommendations for improving services.

### **Assessment of Deaf and Hard of Hearing Residents**

#### ***Quarterly Update for Q3 FFY 2023***

While awaiting CMS approval for this activity, DDDS completed a fully executed contract with a detailed scope of work. DDDS is working with the vendor to determine the timeline for this work.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA received additional CMS questions regarding this activity on January 6, 2023; the response to these questions have been integrated here. DMMA confirms that the assessments of deaf and hard of hearing residents will not result in a reduction in eligibility or covered benefits compared to those in place as of April 1, 2021. Instead, these assessments will ensure that the supports in place for these members, including the behavior support plans, are the most meaningful and impactful for the member's quality of care.

DDDS has not pursued any additional activities toward implementation as this activity remains under CMS review.

#### ***Activity Description***

DMMA proposes to contract with a vendor to complete an assessment for 25 deaf individuals with IDD, all of whom live in residential settings in the community. These assessments will focus on the Behavioral Support Plans (BSP) in place for these individuals to ascertain that the behaviors indicated in the BSP are attributable to behavioral support needs and not to a lack of knowledge of specific communication

needs or cultural adaptations required of each individual. This work will require a review of each BSP, a review of the clinical and residential records, an assessment of each individual and consultation with support staff, family members and other collateral contacts. A written assessment and recommendations will be provided for each individual.

The total estimated expenditures for this activity is \$30,000 with no additional match anticipated. The full \$30,000 will be funded through the enhanced FMAP dollars available. This is a time-limited activity and will not require a sustainability plan. The activity strengthens HCBS in Delaware for the identified population, ensuring that the services these individuals receive are appropriate and sufficient to support positive outcomes.

### **Quarterly Update for April 2022**

DMMA proposes three additional activities to be funded by the enhanced FMAP dollars available. The activities are described below, with the estimate of funding required for each activity.

### **SUD Provider Rate Increase**

#### ***Quarterly Update for Q3 FFY 2023***

Since the most recent Quarterly Update, DMMA finalized the proposed SUD provider payment rate increases based on stakeholder feedback after draft rates were released for public comment. DMMA's contracted actuarial team finalized the MCO capitation rate development for CY 2023, which included the finalized SUD payment rates. DMMA plans to institute the proposed rate changes within the Medicaid FFS program and will raise the MCOs' capitation payments in alignment with these specific Medicaid FFS rate changes; however, DMMA will not mandate how the MCOs subsequently pay providers. DMMA will continue to monitor the MCOs to assess how or if their payments to providers change in relation to the FFS rate changes. Since October 24, 2022, DMMA has held ongoing weekly meetings with the vendor managing the Delaware Medicaid Enterprise System (DMES). The purpose of these meetings is to institute system changes necessary to implement the rate changes in DMES starting January 1, 2023.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA has completed public notice for the proposed SUD provider rate increases, from September 1 through September 15, 2022. The rate increases as proposed will be effective January 1, 2023. Additional operational pieces will be completed in systems in the upcoming quarter to ensure implementation is on schedule.

#### ***Quarterly Update for Q1 FFY 2023***

While awaiting CMS approval, DMMA has continued work with actuarial support on fine-tuning these rate increases. The enhanced FMAP dollars available will support these rate increases from January 1, 2023 to June 30, 2023, allowing the rate increases to flow to the providers six months earlier, while the State awaits legislative budget appropriations to sustain this match, anticipated for a July 1, 2023 start date.

Public notice has been delayed, but the rate updates will be posted in the State Register as a best practice for the month of August 2022. Rates will then receive final review in response to the public comments. No money has been spent to implement this activity yet, as it has a January 1, 2023 start date.

### ***Activity Description***

DSAMH is currently planning a rate increase for SUD providers across levels of care. For the purposes of the rate increase that will be funded with the enhanced FMAP dollars, these increases are targeted at providers of services listed in Appendix B of the SMD Letter #21-003 who are not providing services in institutions of mental disease. Specifically, the SUD providers targeted for these rate increases provide services covered under the rehabilitative services benefit in the State Plan, including residential treatment (not provided in an institution for mental disease), partial hospitalization, intensive outpatient treatment, medication assisted treatment initiated in emergency departments, and outpatient counseling and other services.

The rates will be increased effective January 1, 2023. The rate methodology as described in the State Plan will not require an amendment, nor will this require a directed payment preprint. The State is currently working towards including these rate increases in future legislative appropriations in order to sustain them.

The rate increases will be discussed at an upcoming stakeholder session held with impacted providers on April 20, 2022. Following this session, the rates will be made available for public notice from June 1, 2022 to June 30, 2022 as a best practice.

The total expenditures for this activity is estimated to be \$2,000,000, with the State share funded through the enhanced FMAP dollars to be approximately \$830,200 after seeking Medicaid match for these services.

### **SDAC and Self-Directed Respite DSP Retention Payments**

#### ***Quarterly Update for Q3 FFY 2023***

DMMA confirms that the MCOs have made payments in this quarter. One MCO has made retention to a total of 444 SDAC DSPs. This quarter, a total of \$510,600 has been spent on this activity.

DMMA will continue to work with MCOs and providers to ensure that invoices are submitted for payments and MCOs pay on these invoices. DMMA will also continue to coordinate with DSAAPD and DDDS to ensure no duplication of payments to a DSP.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA has provided guidance to the MCOs and to the financial management services agencies to promote implementation of this activity. The MCOs completed trainings to providers and the financial management services agencies in late August 2022, anticipating that the first invoices requesting payment for eligible SDAC and self-directed respite DSPs would be submitted in September 2022. As defined in the payment process, the first payments are expected to be sent to providers by the end of September 2022. A more detailed report, including financial details of the amounts invoiced by providers and paid by MCOs will be available for the Q3 FFY 2023 update due in January 2023.

#### ***Quarterly Update for Q1 FFY 2023***

While this proposal remains under CMS review, DMMA has worked to operationalize how these payments will flow from the MCOs to the financial management service agencies to the SDAC DSPs. This includes additional education sessions with the MCOs and updating process documents to include all relevant definitions and descriptions for the retention payments to the SDAC DSPs. DMMA continues to work on drafting a directed payment preprint specific to these provider types, with the intent to submit by the end of July 2022. Currently, no money has been spent towards implementation.

#### ***Activity Description***

Similar to a proposal already approved by CMS, DMMA is requesting CMS consideration and approval of retention payments made to DSPs serving members enrolled in SDAC or self-directed respite care available under the 1115 authority for DSHP Plus, 1915(c) authority for participants with I/DD in the Lifespan Waiver, or State Plan authority for participants with I/DD receiving services in the Pathways Program. These payments would ensure that unhealthy competition would not be introduced across programs serving older adults and people with disabilities that are already struggling with a workforce shortage further exacerbated by the public health emergency. This initiative was originally proposed in the October 2021 Quarterly Update for DDDS DSPs and has received approval.

The structure of the payments would be similar to the retention payments CMS approved for DDDS. Each SDAC DSP employed prior to April 30, 2021, who provides attendant care consistently to Medicaid members receiving HCBS and is still working within the program is eligible for the retention payment. For those DSPs who provide respite, self-directed respite services must have been provided at least four times from April 30, 2021 through the present to be eligible for a retention payment.

Following a survey of the financial management services entities, there are 2,900 SDAC DSPs estimated to be eligible for a retention payment.

DMMA has also included in the estimate a fee of 15% for fiscal management services entities' responsible for pushing these payments to the DSPs, to cover other employment costs such as FICA. This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the financial management services entity.

Once the activity has been approved through the Spending Plan, DMMA will submit a Disaster Relief 1115 amendment to secure immediate or retroactive Medicaid authority for these payments, with a directed payment preprint to be submitted shortly thereafter. Additionally, an Appendix K and Disaster State Plan amendment will be submitted to cover those attendants providing services under 1915(c) and State Plan authorities. Due to the one-time nature of these payments, permanent authority will likely not be needed.

The total estimated expenditures for this activity is \$3,400,000, with FFP planned. The total State share funded by the enhanced FMAP dollars is estimated to be \$1,411,340.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended. The goal of these payments is to strengthen the HCBS workforce delivering important services to Medicaid beneficiaries.

## **DDDS DSP Recruitment Workshop**

### ***Quarterly Update for Q3 FFY 2023***

DDDS has continued with recruitment workshops through December 2022, with two additional workshops each month scheduled for January and February 2023. DDDS notes that this effort is approximately 50% complete and provider agencies are beginning to report results.

One provider agency noted that between two of the workshops, the agency hired 13 new DSPs after implementing some of the workshop recommendations; another provider agency noted receiving increased numbers of applications for open positions (180 applications submitted in a week) by changing their advertisement language. Other providers are providing survey feedback to note that the tips and examples provided in the workshop are relevant and useful, the impact of texting to communicate during the application and interview process, and ideas to prevent applicant ghosting. The workshops continue to be highly rated, with a total of 10 organizations providing a rating, six of them rating the workshops a nine or 10 on a scale of 1–10, with 10 being the highest rating.

### ***Quarterly Update for Q2 FFY 2023***

DDDS has scheduled two additional recruitment workshops each month from September 2022 through February 2023, for a total of 12 additional workshops. Ten provider organizations are participating in the series.

DDDS also received feedback on the first series of workshops. A total of 10 workshop assessments were completed, with nine assessments rating the workshops as a 9 or a 10 on a scale of 10. Narrative feedback provided information on what participants found to be valuable takeaways, including the use of referral incentives, ideas for making it easier to apply for open positions, problem-solving interviews, and the focus on qualities of staff that make them a good match for the work.

Additional information will be provided in the Q3 FFY 2023 update due in January 2023.

### ***Quarterly Update for Q1 FFY 2023***

Since April 2022, a total of three DSP Recruitment Workshops have been held. The first in April had 100% participation of provider agencies who employ DSPs, while attendance decreased in May and June. There are a total of three additional workshops scheduled, but these have been pushed back to September in the hopes of increasing attendance after the summer is over. By September, a permanent rate increase will also be in place, and the State should be beyond a COVID surge that is currently impacting gatherings this summer. DDDS believes that this combination will improve attendance for the last three sessions.

### ***Activity Description***

In support of workforce recruitment efforts, DMMA proposes to use the enhanced FMAP funds to partner with two vendors for a series of six-part recruitment workshops. The workshops will cover topics such as improving and standardizing DSP training, drawing more qualified people to a DSP job posting, techniques for retention, and building a DSP talent pipeline. The workshops would be open to all DDDS contracted service providers of day or residential services and include a help session following each workshop to assist with things such as, improving job posting language, and providing feedback on hiring processes specific to a provider agency. The goal of this series of workshops would be to improve DSP recruitment and retention strategies used in provider agencies serving participants who are receiving HCBS.

The total expenditures for this activity is estimated to be \$48,000, with no additional federal match planned. This is a one-time use of funds and will not require a sustainability plan.

### **No Wrong Door (NWD) Information Technology Upgrade**

#### ***Quarterly Update for Q3 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

#### ***Quarterly Update for Q1 FFY 2023***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the October 2022 update.

***Quarterly Update for April 2022***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the July 2022 update.

***Activity Description***

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is currently engaging in an initiative to strengthen their network of Aging and Disability Resource Centers (ADRC). Nationally, strong ADRCs are person-centered, accessible, and empower and connect people served with the right private and public services that help to maintain dignity, improve quality of life, and optimize independence. Core ADRC services include streamlined access to information and resources, options counseling, short-term case management, and benefits enrollment support across the spectrum of long-term services and supports (LTSS).

In support of this activity, DSAAPD plans enhancements to its ADRC to create a No Wrong Door (NWD) Information Technology (IT) infrastructure. The transition to NWD will require enhanced IT adaptations to properly support all key functions. DSAAPD will fund enhancements to the IT infrastructure that focus on interoperability with DMMA and other health/human services programs, improved case management functionality, and better data tracking and analysis capacity. DSAAPD intends to initiate a procurement for the agency's IT system in the next 12 months. The NWD system will be integrated as a component of the new IT system. Spending Plan funding will only be used for the components/modules of the system directly related to the ADRC/NWD functionality.

The total computable cost of this effort is \$250,000, with the State seeking administrative match, making the State share \$125,000, funded by the Spending Plan. This is a one-time investment in infrastructure and will not require ongoing funding to sustain. The goal of improving the NWD IT is to expand and enhance information sharing regarding HCBS opportunities and to improve access to care.

**Support for Local Contact Agencies (LCAs)**

***Quarterly Update for Q3 FFY 2023***

DSAAPD is currently working with the Centers for Independent Living (CILs) to strategically plan the LCA designation move. This includes developing a training plan connecting the CILs with opportunities that will support them in becoming LCAs. DSAAPD is helping the CILs in completing data use agreements between them and CMS. In addition, DSAAPD is facilitating additional training, conducted by the Division of Health Care Quality, on the Minimum Data Set 3.0 Survey.

***Quarterly Update for Q2 FFY 2023***

DSAAPD is engaged with Freedom Center for Independent Living to define the technical assistance and other supports they will need with this funding. The scope of work and budget continues to be negotiated, with a full draft to be completed by the end of December 2022. Additional work is occurring with Independent Resources, Inc., which is the statewide Center for Independent Living, to support this work on a statewide basis.

***Quarterly Update for Q1 FFY 2023***

DSAAPD reports continued outreach to the Centers for Independent Living, in order to increase the number of entities to which this work is delegated. Additional planning meetings with DMMA have been scheduled to help with maintaining momentum for implementation.

***Quarterly Update for April 2022***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the July 2022 update.

***Activity Description***

Under the code of federal regulations 42 CFR 483.20, nursing facilities that participate in the Medicare or Medicaid programs must complete the Minimum Data Set (MDS) assessment for all residents admitted to the facility, including Section Q, which relates to possible transition to a community setting.

Nursing homes are required to make a referral to the designated Local Contact Agency (LCA) for any resident who, in response to the MDS questions, indicates that he/she wishes to talk to someone about returning to the community. Providing residents with information about care options and supports that are available to meet their preferences and needs helps to ensure these residents have access to the least restrictive setting appropriate for them.

Currently, the DHSS has designated the ADRC within the DSAAPD as the LCA for Delaware. DSAAPD proposes to delegate these functions to Delaware's two Centers for Independent Living (CILs). Funding will be used to strengthen operations, hire necessary staff and/or obtain contractual help, and engage in strategic planning to outline the process for CILs to serve as the LCA for MDS options counseling.

The total computable cost for this effort is \$400,000, with no further federal match planned. Once the LCAs are stood up, funding will be sustained through annual Department appropriations. The goal of this activity is to expand and enhance access to HCBS.

**Education, Marketing, and Outreach on HCBS and Delaware's NWD**

***Quarterly Update for Q3 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

***Quarterly Update for Q2 FFY 2023***

DMMA and DSAAPD have not completed any additional actions towards implementation of this activity in this quarter. DSAAPD is currently planning for system change efforts including upgrades to the NWD technology in the coming year.

***Quarterly Update for Q1 FFY 2023***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the October 2022 update.

***Quarterly Update for April 2022***

DMMA and DSAAPD have not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the July 2022 update.

### ***Activity Description***

Delaware intends to develop a one-time investment in a comprehensive education, marketing, and outreach campaign aimed at educating the general public about HCBS options available throughout the State. This campaign will include the branding and promotion of the State's ADRC as the NWD entry point for HCBS. This initiative will include the development of a comprehensive marketing and communication plan, outreach materials, and website development.

The total computable cost for this effort is \$200,000, with no further federal match planned. The goal of this activity is to expand and enhance access to HCBS.

### **DSHP, DSHP Plus, and DSAAPD Support Professionals Recruitment/Retention Payments**

#### ***Quarterly Update for Q3 FFY 2023***

DMMA reviewed the payments that the two participating MCOs have made this quarter, and is able to confirm 781 payments have been made by the MCOs. One MCO has made recruitment payments to 59 DSPs and retention payments to a total of 52 DSPs; the other MCO has made recruitment payments to 87 DSPs and retention payments to 139 DSPs.

DSAAPD continues to work on operationalizing these payments to providers.

This quarter, a total of \$387,550 has been spent on this activity.

DSAAPD has received its first invoices from Personal Attendant Service providers and will submit them to its fiscal department by the end of the calendar year for payment. Workshops will be scheduled for January/February 2023 for Personal Care providers. Impact for payments is expected to be minimal as most DSPs are covered by an MCO through the provider.

DMMA will continue to work with the participating MCOs and eligible providers to ensure invoices are submitted for payment and MCOs are processing these invoices. DMMA will also continue to coordinate with DSAAPD and DDDS to ensure no duplicate payments are made to DSPs.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA has provided guidance to the MCOs to promote implementation of this activity. The MCOs completed trainings to providers and the financial management services agencies in late August 2022, anticipating that the first invoices requesting payment for eligible DSPs would be submitted in September 2022. As defined in the payment process, the first payments are expected to be sent to providers by the end of September 2022. A more detailed report, including financial details of the amounts invoiced by providers and paid by MCOs will be available for the Q3 FFY 2023 update due in January 2023.

#### ***Quarterly Update for Q1 FFY 2023***

DMMA and their contracted MCOs have finalized the process for making payments to DSPs providing services to members in DSHP or DSHP Plus. The MCOs are coordinating with each other to train provider agencies for submitting invoices and for making the payments. The directed payment preprint has also received CMS approval as of April 21, 2022. Payments are anticipated to be processed for providers beginning August 1, 2022, retroactive to April 2021.

#### ***Quarterly Update for April 2022***

DMMA and their contracted MCOs have finalized the process for making payments to DSPs providing services to members in DSHP or DSHP Plus. DDDS and DSAAPD have been involved in the planning in



order to help coordinate with the managed care plans to ensure that only one payment is made to each DSP.

Additionally, a directed payment preprint was submitted on April 13, 2022, to request appropriate Medicaid authority for making these payments, following technical assistance received from CMS.

### ***Activity Description***

Similar to a proposal already approved by CMS, DMMA is requesting CMS consideration and approval of recruitment and retention payments made to DSPs serving members in DSHP, DSHP Plus, or state only funded services through DSAAPD. These payments would ensure that unhealthy competition would not be introduced across programs serving older adults and people with disabilities that are already struggling with a workforce shortage further exacerbated by the public health emergency. This initiative from DDDS was proposed in the October 2021 Quarterly Update.

The structure of the payments would be identical to those CMS approved for DDDS: each DSP employed prior to April 30, 2021, who works with Medicaid members receiving HCBS more than 25 hours per week on average would be eligible for a one-time retention payment of \$1,000. Each DSP employed on or after May 1, 2021, working with Medicaid members receiving HCBS more than 25 hours per week on average would be considered a “new employee” and would be eligible for a one-time series of recruitment payments totaling \$1,000. The recruitment payments would be paid in three parts: \$500 paid at the completion of initial training and 90 days on the job; \$250 paid at the completion of six months on the job; and \$250 paid at the completion of one year on the job.

DMMA has also included in the estimate a fee of 15% for provider agencies’ responsible for pushing these payments to the DSPs, to cover other employment costs such as FICA. This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the provider.

DMMA has met twice with the State’s two Medicaid MCOs responsible for pushing the payments out to the provider agencies employing DSPs serving members enrolled in DSHP or DSHP Plus. These discussions focused on the MCOs’ role in making the payments to provider agencies, who would then provide the payments to the DSPs in their employ. This process would require the MCOs to communicate and coordinate with each other, DMMA, and other sister divisions to ensure that a DSP only received one type of payment. The MCOs have recommended developing and implementing a training session for agency providers to apprise them of which DSPs are eligible for payments and of the process for making the actual payments. Because of this recommendation and the need for CMS approval, payments will likely start in the quarter ending March 31, 2022.

Once the activity has been approved through the Spending Plan, DMMA will submit a Disaster Relief 1115 amendment to secure immediate or retroactive Medicaid authority for these payments, with a permanent 1115 amendment, contract amendment, and rate certification to be submitted shortly thereafter.

The total computable cost of this effort is \$7,417,500, with FFP planned. The total State share is estimated to be \$2,676,234, paid for out of the Spending Plan, as detailed below in the table.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended. The goal of these payments is to strengthen the HCBS workforce delivering important services to Medicaid beneficiaries.

Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
<b>DMMA DSPs</b>					
Recruitment Payment	1,500	\$1,000 per DSP <ul style="list-style-type: none"> <li>• First \$500 would be paid after successful completion of all required initial training and successful completion of a minimum of 90 days on the job.</li> <li>• Remaining \$500 would be paid in two equal payments of \$250: one at six months on the job and the second at one year on the job.</li> </ul>	\$1,500,000	<ul style="list-style-type: none"> <li>• Provider agencies employing DSPs will submit a monthly invoice to the managed care plans.</li> <li>• The plans will provide the recruitment payments monthly to the provider agencies on a non-risk basis.</li> <li>• The plans are responsible for coordinating with each other and the various partner Divisions to ensure that no duplicate payments are made to the same DSP.</li> <li>• The plans will submit a quarterly invoice to DMMA to be reimbursement for making the payments.</li> <li>• Upon the end of the payment period, a post payment review will be completed.</li> </ul>	<ul style="list-style-type: none"> <li>• New DSPs are defined as not previously been employed as a DSP by any HCBS service provider within the last six months.</li> <li>• New DSPs employed to work a minimum of 25 hours a week on or after May 1, 2021, are eligible for this recruitment payment.</li> </ul>
Retention Payment	4,100	\$1,000 per DSP	\$4,100,000	<ul style="list-style-type: none"> <li>• Provider agencies employing DSPs will submit a monthly invoice to the managed care plans.</li> <li>• The plans will provide the retention payments monthly to the provider agencies on a non-risk basis.</li> <li>• The plans are responsible for coordinating with each other and the various partner</li> </ul>	<ul style="list-style-type: none"> <li>• Each DSP employed prior to April 30, 2021, who was employed to work a minimum of 25 hours per week would receive a \$1,000 retention payment.</li> </ul>

Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
				Divisions to ensure that no duplicate payments are made to the same DSP. <ul style="list-style-type: none"> <li>The plans will submit a quarterly invoice to DMMA to be reimbursement for making the payments.</li> <li>Upon the end of the payment period, a post payment review will be completed.</li> </ul>	
Other Employment Costs	5,600	\$150 per DSP (15% of \$1,000)	\$840,000	<ul style="list-style-type: none"> <li>15% to be added to each payment dispersed.</li> </ul>	<ul style="list-style-type: none"> <li>Such a fee ensures that the full \$1,000 reaches the DSP.</li> </ul>
<b>DSAAPD DSPs</b>					
Recruitment Payment	100	\$1,000 per DSP <ul style="list-style-type: none"> <li>First \$500 would be paid after successful completion of all required initial training and successful completion of a minimum of 90 days on the job.</li> <li>Remaining \$500 would be paid in two equal payments of \$250: one at six months on the job and the second at one year on the job.</li> </ul>	\$100,000	DSAAPD HCBS providers will pay their eligible employees the payments and will seek reimbursement from DSAAPD. Providers will submit a monthly invoice including: <ul style="list-style-type: none"> <li>Employee name</li> <li>Employee date of birth</li> <li>Effective date employment</li> <li>Average number of hours worked per week</li> <li>Confirmation that the employee has completed required training</li> </ul>	<ul style="list-style-type: none"> <li>New DSPs are defined as not previously been employed as a DSP by any HCBS service provider within the last six months.</li> <li>New DSPs employed to work a minimum of 25 hours a week on or after May 1, 2021, are eligible for this recruitment payment.</li> </ul>

Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
Retention Payment	750	\$1,000 per DSP	\$750,000	<p>DSAAPD HCBS providers will pay their eligible employees the payment and will seek reimbursement from DSAAPD. Providers will submit a single invoice including:</p> <ul style="list-style-type: none"> <li>• Employee name</li> <li>• Employee date of birth</li> <li>• Effective date employment</li> <li>• Average number of hours worked per week</li> </ul>	<ul style="list-style-type: none"> <li>• Each DSP employed prior to April 30, 2021 who was employed to work a minimum of 25 hours per week would receive a \$1000 retention payment.</li> </ul>
Other Employment Costs	850	\$150 per DSP (15% of \$1,000)	\$127,500	<ul style="list-style-type: none"> <li>• 15% to be added to each payment dispersed.</li> </ul>	<ul style="list-style-type: none"> <li>• Such a fee ensures that the full \$1,000 reaches the DSP.</li> </ul>
<b>Total</b>	<b>6,450</b>		<b>\$7,417,500</b>		

## **DDDS Direct Support Professionals Recruitment/Retention Payments**

### ***Quarterly Update for Q3 FFY 2023***

DDDS has made additional payments to DSPs for recruitment and retention while awaiting the State accounts processing to be finalized.

To date, a total of \$354,200 has been paid out to providers in recruitment payments, and \$1,236,250 has been paid out to providers in retention payments. DDDS has made recruitment payments to a total of 308 DSPs and retention payments to a total of 1,075 DSPs. DDDS continues to partner with other Divisions in sharing information on providers and individual DSPs already paid, to prevent duplication of payments.

### ***Quarterly Update for Q2 FFY 2023***

DDDS has made additional payments to DSPs for recruitment and retention while awaiting the State accounts processing to be finalized.

To date, a total of \$257,825 has been paid out to providers in recruitment payments, and \$458,250 has been paid out to providers in retention payments. DDDS continues to partner with other Divisions in sharing information on providers and individual DSPs already paid, to prevent duplication of payments.

### ***Quarterly Update for Q1 FFY 2023***

No payments have been made since the update in April 2022. Additional payments to DSPs will be made once State account processing related to enhanced funds is finalized.

### ***Quarterly Update for April 2022***

An Appendix K amendment was submitted for the Lifespan Waiver in order to effectuate Medicaid authority for the recruitment and retention payments made to DSPs serving waiver participants.

As of March 10, 2022, a total of 130 recruitment payments, totaling \$74,250, have been made. DDDS continues to work with providers to encourage submission of the invoices to initiate these payments as well as operationalize how retention payments will be rolled out. DDDS continues to coordinate and collaborate with DMMA, DSAAPD, and the MCOs in order to operationalize a process intended to ensure that there is no duplication of payments to a single DSP.

### ***Quarterly Update for January 2022***

The table below has been edited to increase the number of DSPs to be targeted for recruitment efforts to 1,000 to be hired, with the total computable costs and the DDDS has drafted a Memorandum of Understanding (MOU) with the provider agencies in order to operationalize the recruitment and retention payments to DSPs receiving DDDS-funded services. The MOU has been cleared through DDDS' legal department and will be executed, in order to ensure that provider agencies receiving the payment will pass the payments onto the intended DSP.

DDDS has also participated in cross-division meetings to discuss coordination across the divisions and the MCOs as payments are made to DSPs who may serve more than one member, with members receiving services under different programs or divisions, to ensure that each DSP is only receiving one type of payment in total.

DDDS has also included in the estimate, a fee of 15%, for provider agencies' responsible for pushing these payments to the DSPs to cover other employment costs such as FICA. This fee will ensure that the full payment can be pushed through to the DSP without additional financial burden to the provider.

DDDS will pursue authority for these payments under the Appendix K. After submission of the Appendix K, DDDS will follow up with a State Plan Amendment to amend rate methodologies in the Pathways Program approved under 1915(i) authority, and a 1915(c) waiver amendment to amend the rate methodologies in the Lifespan Waiver.

This is intended as a one-time payment for each DSP and will not require a sustainability plan once these funds have been expended

***Activity Description***

The State's top Spending Plan priority is the payment of recruitment and retention payments to DSPs. Delaware will make targeted payments to recruit and retain DSPs who are the critical infrastructure of our human services support system. Investing in the DSP workforce is the first step towards strengthening and expanding our system as a whole.

To promote equity and reduce competition among providers within the delivery system, these investments will be used to support DSPs operating across the entire network of HCBS services. The roll out of these payments will be phased, with payments available to DSPs supporting Delawareans with IDD first and payments to DSPs supporting DSHP and DSHP Plus members later.

DDDS will target recruitment and retention payments to DSPs who provide day and residential habilitation services.

Type of Payment	# of DSPs Estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
Recruitment Payment	1,000	\$1,000 per DSP <ul style="list-style-type: none"> <li>First \$500 would be paid after successful completion of all required initial training and successful completion of a minimum of 90 days on the job.</li> <li>Remaining \$500 would be paid in two equal payments of \$250: one at six months on the job and the second at one year on the job.</li> </ul>	\$1,000,000	DDDS HCBS providers will pay their eligible employees the payments and will seek reimbursement from DDDS. Providers will submit a monthly invoice including: <ul style="list-style-type: none"> <li>Employee name</li> <li>Employee date of birth</li> <li>Effective date employment</li> <li>Average number of hours worked per week</li> <li>Confirmation that the employee has completed required training</li> </ul>	<ul style="list-style-type: none"> <li>New DSPs are defined as not previously been employed as a DSP by any DDDS HCBS service provider within the last six months.</li> <li>New DSPs employed to work a minimum of 25 hours a week on or after May 1, 2021, are eligible for this recruitment payment.</li> </ul>
Retention Payment	3,000	\$1,000 per DSP	\$3,000,000	DDDS HCBS providers will pay their eligible employees the payment and will seek reimbursement from DDDS. Providers will submit a single invoice including: <ul style="list-style-type: none"> <li>Employee name</li> <li>Employee date of birth</li> <li>Effective date employment</li> <li>Average number of hours worked per week</li> </ul>	<ul style="list-style-type: none"> <li>Each DSP employed prior to April 30, 2021, who was employed to work a minimum of 25 hours per week would receive a \$1,000 retention payment.</li> </ul>
Other Employment Costs	4,000	\$150 per DSP (15% of \$1,000)	\$600,000	<ul style="list-style-type: none"> <li>15% to be added to each payment dispersed.</li> </ul>	<ul style="list-style-type: none"> <li>Such a fee ensures that the full \$1,000 reaches the DSP.</li> </ul>
<b>Total</b>	<b>4,000</b>		<b>\$4,600,000</b>		

While the estimated total computable costs for this initiative equals \$4,600,000, the State share funded through the enhanced FMAP is estimated to be approximately \$1,700,000, as of the January 2022 Quarterly Update.

DMMA is currently in the process of planning for recruitment and retention payments for DSPs who support DSHP and DSHP Plus members, as well as members supported through state-funded DSAAPD services. DMMA issued a survey this week to providers to gather critical information that will help develop DMMA's process. It is anticipated that DMMA will make payments to DSPs who provide the following services: attendant care, chore, companion, homemaker, home health aide, respite (in-home), community-based residential alternatives that include assisted living facilities, adult day services, and day habitation. DMMA plans to make recruitment and retention payments in the same amount as DDDS, implemented through a non-risk arrangement with the MCOs. Additional details as well as budget amounts for this phase of the initiative will be included in the January Spending Plan Update.

Individuals are only eligible to be paid a \$1,000 payment one time and are not eligible for additional recruitment payments (of any denomination) resulting from employment with multiple providers or as a result of terminating employment with one provider and obtaining new employment with a different provider. DDDS and DMMA will implement review processes within and between the partner divisions to assure that DSPs only receive one recruitment/retention payment.

The goal of this approach to targeting the payments is to prevent unhealthy competition within the entirety of the LTSS delivery system, whether it be state-funded only, or state- and federally funded through Medicaid.

In order to make these payments to providers as expeditiously and efficiently as possible, the State will pursue a Disaster Relief State Plan Amendment (SPA).

## **Rate Study for DSPs**

### ***Quarterly Update for Q3 FFY 2023***

DMMA has been in discussions with their actuarial contractor about the scope of this work and the timeline and duration for the project. As a result of the level of effort necessary to complete the rate study to DMMA's specifications for the DSP provider population, this activity will begin implementation of the study in the second quarter of 2023. Additionally, after reviewing the scope of work, the number of team members needed to complete the work in an efficient and accurate manner has increased, resulting in an increased in the proposed budget.

The new budget for this activity is estimated to be \$650,000, with 50% administrative match planned. This is currently planned as a one-time expense, with no sustainability plan needed. Should additional studies be required in the future, this will be budgeted out of the State General Fund. Because of the discussions with the contractor and the need to prioritize this work beginning in the second quarter, no funds have been spent on this activity in this quarter or to date.

### ***Quarterly Update for Q2 FFY 2023***

DMMA has not completed any additional planning or actions towards implementation of this activity in this quarter. Additional updates will be provided with the Q3 FFY 2023 Quarterly Update in January 2023.



### ***Quarterly Update for Q1 FFY 2023***

DMMA has delayed this activity until January 2023, due to competing priorities. Additional information will be provided with the October 2022 update. No money has been spent on implementation as of this quarter.

### ***Quarterly Update for April 2022***

DMMA has not completed any additional planning or actions towards implementation of this activity in this quarter. No money has been spent on this activity in the quarter ending March 31, 2022. Additional updates will be provided with the July 2022 update.

### ***Quarterly Update for January 2022***

As of the submission of this Quarterly Update to the Spending Plan, no action has been taken on the DSP rate study, with \$0 spent in quarter ending December 31, 2021.

### ***Activity Description***

DMMA recognizes the vital role played by DSPs in supporting members in their ability to remain in their homes and communities. DMMA is committed to ensuring that this safety net remains in place and is adequately supported. The McNesby Act of 2018 mandates a rate study every three years to assess the adequacy of payment rates for DSPs supporting the IDD population. However, a comparable mandate does not exist for DSPs supporting non-IDD populations, including those supporting DSHP or DSHP Plus members and members receiving state-funded services through DSAAPD. Funding will be used to conduct a rate study of DSPs providing services to non-IDD populations to assess the adequacy of the current reimbursement rates. It is important that there is parity in DSP rates across the delivery system to avoid competition between State programs. The rate study will include the following components:

- Inventory of the approaches to rate-setting for HCBS as well as the methodologies in the current system;
- Review of relevant regulations, legislation, and policy;
- Identification of appropriate service codes;
- Review of service requirements;
- Review of service utilization;
- Analysis of data from provider agencies and from other market sources;
- Feedback from key stakeholders on current system, including providers, provider organizations such as the Delaware Association for Home and Community Care, members, families, advocacy organizations such as Family Voices, and the general public;
- Provider survey to assess information such as wage and benefit cost, productivity, transportation expenses; and
- Analysis of additional independent data sources such as:
  - Wage data and cost of health insurance data from the Bureau of Labor Statistics;
  - Wage growth data from the Bureau of Economic Analysis;
  - U.S. Census Bureau data; and
  - Workers' Compensation Insurance Rating Bureau data.

## **Critical Incident Management System Upgrade**

### ***Quarterly Update for Q3 FFY 2023***

Since the last quarterly update, DMMA and its partner Divisions have held four additional workgroup meetings to continue discussions on common incident definitions and priorities for a critical incident management system. DMMA and its vendor also discussed the Advanced Planning Document (P-APD) process for CMS. DMMA has determined that at this time, a P-APD will not be pursued for the work occurring now through June 2023.

As a result of this decision, the State share of this activity has increased, to the full amount budgeted of \$140,000 with no additional match planned. This estimate has been updated in the Activity Status Table at the beginning of this report as well.

DMMA intends to pursue an Implementation Advanced Planning Document (I-APD) for the actual system implementation, once business requirements have been written and a vendor system selected. This is expected to occur at the conclusion of the workgroup. The cost of the actual critical incident management system upgrade has not yet been estimated, but the I-APD will request a 90/10 match to ensure that the HCBS enhanced FMAP dollars go further for the HCBS community in Delaware.

### ***Quarterly Update for Q2 FFY 2023***

DMMA and its partner Divisions have held an initial workgroup meeting to provide an overview of the project and to begin discussions about how to come to a consensus on common definitions. Additional meetings were held with DMMA leadership to discuss internal processes for critical incidents and options for intradepartmental communication and monitoring. The team is currently working to schedule additional workgroup meetings with the partner Divisions.

### ***Quarterly Update for Q1 FFY 2023***

As of this quarter, DMMA and its partner Divisions have identified workgroup members to start work on improving collaboration and consistency in critical incident reporting and management. The first workgroup meeting is scheduled for July 25, 2022 and the group will continue to meet twice a month. Leadership updates will be provided monthly.

### ***Quarterly Update for April 2022***

In the quarter ending March 31, 2022, DMMA has held one meeting with the leadership of each partner Division, including DSAMH, DSAAPD, DDDS, and the Division of Health Care Quality (DHCQ), to review the goals of the group and to structure the work going forward. Each Division will identify one or two staff to represent the Division as part of the workgroup tasked with improving collaboration and consistency across the Divisions as it pertains to critical incident reporting and management. The leadership team will be informed on a regular basis of the work of the group and tasked with specific decisions as the work commences.

### ***Quarterly Update for January 2022***

DMMA has held one meeting with the partner divisions — DSAMH, DSAAPD, and DDDS — to determine each Division's needs and goals for a critical incident management system. The goal of this discussion was to begin the necessary cross-agency collaboration to ensure the processes for managing critical incidents are strategically simplified and made consistent. Future meetings will include discussions to

promote consensus around definitions for critical incidents across divisions; updating any necessary training materials for state staff, investigators, and providers; and identifying possible IT solutions to help with identifying, tracking, investigating, and monitoring critical incidents and their resolution.

This activity is intended as a one-time use of funds.

### ***Activity Description***

This multi-phase project will begin with a review and update of DMMA's existing policies and procedures to align with practices and processes by DMMA partner agencies as well as national best practices. DMMA will work with a consultant to review existing regulations, policies, procedures, MCO contract language, and the 1115 waiver and will make updates as needed. DMMA will work with its partner agencies in clarifying roles and responsibilities in regard to investigations. This work will form the basis of business requirements for an integrated Incident Management IT System that will be procured in the next phase of this work. It is DMMA's intent to request enhanced match for the planning and design, development and implementation phases of this work through the Planning Advanced Planning Document (P-APD) and Implementation Advanced Planning Document (I-APD) process.

### **Delaware Long-Term Services and Supports Strategic Planning Study**

#### ***Quarterly Update for Q3 FFY 2023***

DMMA's contractor for this activity has completed additional planning meetings since the last Quarterly Update. The contractor is now completing a formal work plan and additional information will be provided in the next Quarterly Update in April 2023.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA completed a brainstorming session and planning meeting on September 20, 2022. Additional meetings are being scheduled to discuss next steps and to develop and review a work plan for the study.

#### ***Quarterly Update for Q1 FFY 2023***

As of this update, DMMA has requested a brainstorming session to be scheduled with the contractor to further refine the scope and focus of the LTSS Strategic Planning Study. The first phase of this activity will be a comprehensive environmental scan, including an environmental scan of all innovative models other states are using to support individuals living with co-occurring IDD/MH conditions.

#### ***Quarterly Update for April 2022***

Additional details have been added to this activity description. As part of this study, the contractor will complete robust data analysis on the current service array and stakeholder engagement in the form of small focus groups comprised of internal and external stakeholders and other types of key informant interviews to help determine priorities for the direction of Medicaid HCBS in Delaware. Additional activities discussed during these sessions may be targeted for inclusion into a future spending plan update. The total expenditures for this activity are estimated to be \$350,000, with administrative match planned.

### ***Quarterly Update for January 2022***

This activity remains under development. The estimated cost of the study is being determined by DMMA and will be updated in the April 2022 Spending Plan Update.

#### ***Activity Description***

In 2010, Delaware performed a comprehensive study titled “Promoting Community-Based Alternatives for Medicaid LTSS for the Elderly and Individuals with Disabilities.” The recommendations from this report led to Delaware’s DSHP Plus 1115 Waiver Program, which included MLTSS, an enhanced set of HCBS benefits, a renewed focus on dual eligibles and individuals “at risk” for meeting an institutional level of care, and additional self-directed care options. In 2022, DMMA will conduct a new study to refresh this assessment of the current LTSS system in Delaware and assess the best options for Medicaid beneficiaries, families, and providers in light of the stakeholder feedback received on DMMA’s Spending Plan. This study will consider issues such as:

- How well is DMMA meeting the needs of individuals with Traumatic Brain Injury or Acquired Brain Injury (TBI/ABI) and should Delaware enhance its current HCBS for TBI/ABI model?
- How well are the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits and the Lifespan 1915(c) Waiver meeting the needs of children with medical complexity and should DMMA develop a pediatric HCBS option?
- What role is Assisted Living playing in the continuum of LTSS options in Delaware Medicaid and should DMMA take steps to strengthen this role?
- Are there other “supported housing” options DMMA should consider adding to its 1115 HCBS array such as adult foster homes or other shared living arrangements?
- How is Medicare affecting Delaware’s LTSS program and what opportunities should DMMA consider to better serve dual eligibles, including those dual eligibles not yet at an institutional level of care?
- How well is the current service array supporting members with Alzheimer’s disease or other types of dementia and their families to enable them to remain in their homes and/or communities?
- The recommendations from this study will also be used to inform the LTSS initiatives to be included in the DSHP 1115 Waiver extension. The current DSHP 1115 Waiver expires December 31, 2023.

The estimated cost of the study is being determined by DMMA and will be updated in the January 2022 Spending Plan Update.

### **Respite for Caregivers of Children**

#### ***Quarterly Update for Q3 FFY 2023***

DMMA has submitted the 1115 amendment including the addition of this service; this amendment remains under CMS review.

#### ***Quarterly Update for Q2 FFY 2023***

DMMA has submitted the 1115 amendment including the addition of this service; this amendment remains under CMS review. Additionally, DMMA has scheduled four public forums (two targeted to families and advocates and two targeted to providers) to discuss the new service.

### ***Quarterly Update for Q1 FFY 2023***

DMMA has recently closed the public comment period for the 1115 amendment that includes the addition of pediatric respite as a covered service. DMMA is currently reviewing the public comments and incorporating any necessary modifications to the language included in the 1115 amendment. DMMA plans to submit the amendment for CMS review in the next couple of weeks.

### ***Quarterly Update for April 2022***

DMMA has adopted a service definition for respite and will pursue Medicaid authority under the 1115 Diamond State Health Plan Plus demonstration. DMMA intends to release the amendment for public notice and comment in May and June 2022, with the comment period ending June 10, 2022. The amendment will be submitted to CMS no later than July 1, 2022 for approval and implementation by January 1, 2023. While under CMS review, DMMA intends to pursue MCO contract amendments and an update to the capitation rates. DMMA will also work with the MCOs to ensure an adequate network of respite providers and with the Department of Services for Children, Youth & Their Families (DSCYF) to finalize a memorandum of understanding or interagency agreement to establish the policies and procedures for the new respite service.

Additional work has been done to finalize the estimate for this new service: total computable expenditures are estimated to be \$9,903,064, with the State share funded by the enhanced FMAP dollars to be \$4,110,762.

### ***Quarterly Update for January 2022***

This activity remains under development. A definition of respite has been drafted and is currently being reviewed to ensure that it is actionable. Feedback will be obtained from staff of the Department of Services for Children, Youth and their Families, and a DMMA stakeholder group of families with children who might be served with such a respite benefit. This feedback is essential to determine the appropriate benefit design to ensure that the needs of these children and their families are met. Future meetings will occur to discuss potential operationalization of such a benefit.

This activity requires an amendment to the DSHP Section 1115 Waiver; this amendment will be submitted by July 1, 2022. The target date for implementation of this respite benefit is January 1, 2023. More information, including financial estimates, will be provided in the April 2022 Quarterly Update.

### ***Activity Description***

Children and families in Delaware face a myriad of challenges on a daily basis. Families with children with complex medical conditions (CMC), severe emotional disorders and dual diagnoses of MH/IDD face specific challenges in supporting their child within the family unit. Addressing parental and/or other caregiver needs is essential to helping to support these families. In response to feedback from a cross-section of stakeholders, Delaware will develop a Medicaid funded respite service for caregivers of children with CMC, severe emotional disorders, and dual diagnoses of MH/IDD. The service will be flexible enough to address the myriad of needs of this diverse population.

Spending Plan funds will be used for the initial development and implementation of the service and will be integrated into the Medicaid baseline budget in order to sustain the service over time. The intent is that respite is the first step within larger initiatives targeted toward children on Medicaid with these needs. The State will work with its partner state agencies as well as families and other stakeholders in

the development of this service. Additional details, including the service definitions, provider qualifications, and budget will be included in the January Spending Plan submission.

### **Under Development: Children and Adults with Complex Needs**

#### ***Quarterly Update for Q3 FFY 2023***

This activity remains under development. Additional detail will be provided once the activity has been further defined.

#### ***Quarterly Update for Q2 FFY 2023***

This activity remains under development. Additional detail will be provided once the activity has been further defined.

#### ***Quarterly Update for Q1 FFY 2023***

This activity remains under development, as DMMA continues to brainstorm around how to better coordinate supports for this population. As a first phase, this population is specifically being targeted in the LTSS Strategic Planning Study during the environmental scan as described earlier under that activity. The scope and full description of this activity, as well as the estimated cost for this activity, will continue to be fine-tuned based on the completed research and any accompanying recommendations that are a result of the environmental scan.

#### ***Quarterly Update for April 2022***

This activity remains under development. The estimate cost of the activity is being determined by DMMA and will be updated in a future Quarterly Spending Update.

#### ***Quarterly Update for January 2022***

This activity remains under development. Additional detail will be provided once the activity has been defined and a cost estimated.

### ***Activity Description***

Like many states, Delaware faces challenges with the coordination and care for children and adults with complex needs who often have involvement with multiple systems of care. Under this initiative, the State will develop a cross-division and interdepartmental team to review, analyze, and determine the course of possible action for complex cases. This initiative will fund the support of a consultant to help develop the team charter, team structure, and review process. Additionally, the consultant will complete a needs assessment to help inform the need for permanent infrastructure changes to the delivery system to help support these individuals. The needs assessment will include a review and analysis of available data, an inventory of current services available, a gap analysis as well as an environmental scan of best practices. The needs assessment will result in recommendations for the State's consideration.

### **Summary of Activity Updates**

DMMA continues to review and discuss ideas and proposals for activities that expand, enhance, or strengthen HCBS. The next Quarterly Update will include a commitment of funding for any additional activities for which DMMA requests funding.

***Additional Change to note for Q3 FFY 2023***

In preparation for the Q4 FFY 2023 Quarterly Update, DMMA intends to reorder the initiatives presented in the Spending Plan Narrative and include additional identifiers such as an activity number. This will improve ease of reporting and readability for both DMMA and CMS.

***Additional Change to note for Q2 FFY 2023***

The definition of Direct Support Professional included in Appendix A in the Glossary has been revised to specifically include certified nursing assistants (CNAs). Although CNAs were included as eligible in the DSP recruitment and retention payments, additional questions received from stakeholders have prompted the addition of this title specifically into the definition of eligible DSPs.

***Additional Change***

As planned in the February 2022 Update to the HCBS Spending Plan, DMMA has removed the Appendix A table that noted the status of each item originally proposed as part of the stakeholder sessions that occurred in the summer of 2021. As any activity is developed, DMMA will continue to submit them for CMS approval in future HCBS Spending Plan updates.

## Glossary of Terms

- **Aging and Disability Resource Center (ADRC):** ADRCs serve as single points of entry into the long-term services and supports (LTSS) system for older adults, people with disabilities, caregivers, veterans and families. Some states refer to ADRCs as “access points” or “no wrong door” systems.
  - Source: [Aging and Disability Resource Centers Program/No Wrong Door System | ACL Administration for Community Living](#)
- **Centers for Independent Living (CIL):** CILs are designed and operated by individuals with disabilities and provide independent living services for people with all types of disabilities. CILs are at the core of the Administration for Community Living’s (ACL) independent living programs, which work to support community living and independence for people with disabilities across the nation based on the belief that all people can live with dignity, make their own choices, and participate fully in society. These programs provide tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect.
  - Source: [Centers for Independent Living | ACL Administration for Community Living](#)
- **Direct Service Professionals (DSP):** Individuals employed by an agency who provide supervision, training, and/or hands-on assistance with activities of daily living, and or instrumental activities of daily living within the context of the following services: adult day services, attendant care, chore services, community-based residential settings that include assisted living facilities, companion services, day habilitation, homemaker services, home health aides, personal care, residential habilitation, and respite (in-home). The definition of DSP includes those with the title of Certified Nursing Assistant (CNA) who provide any of the above services to HCBS participants.
- **Local Contact Agency (LCA):** A Local Contact Agency is a local community organization responsible for providing counseling to nursing facility residents on community support options. Long-term care facilities must make referrals to the LCA whenever a resident would like more information about community living or alternative living situations to the facility.
- **No Wrong Door (NWD):** An approach to service organization that provides individuals with or links them to appropriate service interventions regardless of where they enter the system of care. This principle commits all service agencies to respond to the individual’s stated and assessed needs with appropriate treatment or supportive linkage with programs capable of meeting the consumer’s needs.
  - Source: [No wrong door Definition | Law Insider](#)
- **Pediatric Respite:** Coverage of a pediatric respite benefit for individuals up to age 21 who are not receiving respite through DSHP Plus, PROMISE, or the Lifespan 1915(c) waiver. This new pediatric respite benefit will be provided for children with a physical health or behavioral health condition affecting their ability to care for themselves, and are furnished on a short-term basis to allow temporary relief from caretaking duties for the child’s primary unpaid caregiver, parent, court-appointed guardian, or foster parent. Respite services may be available up to 24 hours/7 days a week and include support in the home, after school, or at night, as well as transportation



to and from school, medical appointments, or other community-based activities, or any combination of the above.

The following types of respite will be available:

- In-home unskilled respite – Provided in a child’s place of residence, home of respite provider, or home of a friend or family member for children with unskilled care needs (i.e., supervision or assistance with ADLs and IADLs, supervision to assure health and welfare, implementing a pre-existing behavior plan to support behavioral needs) who do not require skilled care such as a G-tube feeding. Services provided to children with behavioral health needs are provided by a trained paraprofessional who is supervised by a licensed clinician.
- In-home skilled respite – Provided in a child’s place of residence or home of a friend or family member for children with ongoing skilled medical and behavioral health needs that can only be provided by an RN/LPN. (e.g., suctioning, G-tube feeding).
- Out of home respite – Skilled and unskilled support provided in a licensed facility, including but not limited to licensed childcare setting, nursing facility, hospital, residential treatment facility, foster home, Prescribed Pediatric Extended Care (PPEC), and group home.
- Emergency respite – A short-term service for children necessitated by an unplanned and unavoidable circumstance, such as a family emergency. Emergency respite can be provided in the home or in an out of home location.

Benefit Limits and Assurances:

- Pediatric respite is limited to 15 days or 285 hours per waiver year. If additional respite is required, the child or the child’s representative may contact their MCO care coordinator to request additional hours based on medical necessity.
- Emergency Respite is limited to 72 hours per episode, with a maximum of six-72-hour episodes per waiver year. Emergency respite is not included in the benefit limit.
- The child and/or child’s representative gives final approval of where the respite is provided.
- Respite services are not intended to supplant routine care, including before and after school care.
- Medicaid will not pay for respite provided for the purpose of oversight of additional minor children in the home.
- The cost of transportation is included in the rate paid to providers of these services.
- Federal financial participation is not available for the cost of room and board except when provided as part of services furnished in a facility approved by the State that is not a private residence.

Qualified pediatric respite providers include:

**Individual Providers**

- At least 18 years of age
- First aid certification
- CPR certification
- Training specific to address the child's needs
- Valid driver license (as needed)<sup>1</sup>
- Criminal Background Check

**Licensed/Certified Providers**

- RN, LPN

**Agencies/Facilities**

- Community Mental Health Agencies
  - Community Mental Health Facilities
  - Community Foster Care Agencies
  - Home Health Agencies
  - Licensed Residential Treatment Facilities
  - Nursing Facilities
  - Hospitals
  - Home Health Agencies
  - Camps
  - Residential Care Facilities
  - Child Care Centers
  - Child Development Centers
  - Group Homes
  - Day Care Centers
  - Licensed Foster Home
  - Prescribed Pediatric Extended Care (PPEC)
- **Self-Directed Attendant Care (SDAC) or Respite Care DSP:** A DSP hired on or before April 30, 2021, to provide SDAC or respite. To be eligible for a retention payment, the DSP must provide attendant care on a consistent basis since April 30, 2021, or provide respite services at least four times since April 30, 2021, and remain employed with the program.