



# **AMERICAN RESCUE PLAN ACT OF 2021 (ARP) SECTION 9817 STATE SPENDING PLAN SUMMARIES FEDERAL FISCAL YEAR 2024 QUARTER 1 UPDATE**

DATA AND DESCRIPTIONS IN THESE SLIDES REFLECT DETAILS STATES PROVIDED IN THEIR RESPECTIVE FEDERAL FISCAL YEAR 2024 QUARTER 1 (FFY24 Q1) SPENDING PLANS AND ARE SUBJECT TO CHANGE BASED ON SPENDING PLAN UPDATES. SUBSEQUENT CHANGES TO STATE ACTIVITY PLANS AND PROPOSED SPENDING MAY BE CAPTURED IN FUTURE VERSIONS.

# American Rescue Plan Act of 2021 (ARP) Section 9817

- On March 11, 2021, President Biden signed the ARP (Pub. L. 117-2).
- Section 9817 of the ARP provided qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) beginning April 1, 2021, and ending March 31, 2022. The funds must be used to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021.
- Section 9817 also requires states to use state funds equivalent to the amount of federal funds attributable to the increased FMAP ("state equivalent funds") to implement or supplement activities to enhance, expand, or strengthen Medicaid HCBS. CMS expects states to expend these funds by March 31, 2025.
- This increased funding represents an opportunity for states to identify and implement changes aimed at addressing existing HCBS workforce and structural issues, expand the capacity of critical services, and begin to meet the needs of people on HCBS waiting lists and family caregivers. This funding also provides states an important opportunity to enhance individual autonomy and community integration in accordance with the home and community-based settings regulation, *Olmstead* implementation, and other rebalancing efforts.
- CMS requires participating states to submit and receive CMS approval of quarterly HCBS spending plans and semi-annual narratives on the activities that the state has implemented and/or intends to implement.
- For more information on ARP section 9817, please visit [Medicaid.gov](https://www.Medicaid.gov), [State Medicaid Director Letter # 21-003](#), and [State Medicaid Director Letter # 22-002](#).

# Notes

- Each state summary contains summarized spending plan information with graphs, data, and at least one example to highlight from each of the 50 states and the District of Columbia (DC). The level of detail greatly varies across state spending plans, and states are in various stages of implementing activities. Therefore, details of each state summary vary from one to another. For example, reported spending is not included for all states because some state spending plans did not include these figures yet (either because of data lags or because states were still early in the implementation phase of their activities). Highlighted activities were chosen, with input from states, to show a range of different types of activities within and across states, including activities targeting different populations and services.
- The state summaries are a point in time representation of state spending on ARP section 9817 activities. Unless otherwise indicated, information is from states' federal fiscal year 2024 quarter 1 (FFY 24 Q1) (October 1, 2023 – December 31, 2023) spending plans, submitted to CMS beginning in July 2023. The spending plans include, among other information, updates on state implementation of activities, reported spending on these activities, and projections for quarterly spending up to FFY 25 Q2 (January 1, 2025 – March 31, 2025). Spending data does not necessarily represent or correspond to expenditures claimed by states on the CMS-64 quarterly financial report as of FFY 24 Q1, as states have two years to claim expenditures on the CMS-64. Further, some activities (such as capital investments) that states are implementing are not eligible for federal match as Medicaid expenditures. Further, data included in the state summaries are subject to change as states update their spending plans.
- Planned spending dollar amounts are not mutually exclusive and may duplicate between main and/or sub-categories because some states proposed activities that fall into multiple categories and sub-categories, and some states proposed multiple activities under a single category or sub-category but did not provide cost information for each discrete activity. Therefore, activities and/or planned spending dollar amounts can be counted more than once and may not always sum to an unduplicated total.
- In some instances, CMS has asked a state to provide additional information before one or more proposed activities to enhance, expand, or strengthen HCBS in the state's spending plan and narrative can be approved, and/or has identified an activity that is not approvable under ARP section 9817. For all states, the approval to claim the FMAP increase is based upon the state's continued compliance with program requirements as stated in State Medicaid Director Letters [# 21-003](#) and [# 22-002](#). State spending plans can be found [here](#) and will be updated as available.

# Key Terms

- **Planned Spending:** Planned spending is all funding a state has proposed for activities to enhance, expand, or strengthen Medicaid HCBS. The amount includes both the state and federal share of spending for activities that are eligible for federal financial participation (FFP).
  - **Note:** States may be permitted to fund activities using state equivalent funds only that are not eligible for FFP. This would apply to activities such as grant programs and capital investments for housing.
- **Reported Spending:** Reported spending represents funding that a state has spent to-date to implement proposed activities as of the start of FFY24 Q1 (October 1, 2023).
- **Area(s):** This is the category used to group activities described by states in their spending plans.
- **Activity(ies):** This is the actual title of a state’s proposed activity noted in the spending plan. Some of the titles are very long and are shortened due to space limitations in the state summaries. Every effort is made to ensure traceability of the activity back to the spending plan.
- **Type, method, and issue:** These are “sub-categories” or “additional breakdowns” in the data collection. Specifically:
  - **Type:** Type of training or telehealth support states are providing
  - **Method:** Rate methodologies or ways states review or update rates
  - **Issue:** Specific issues states are aiming to address related to social determinants of health or health equity. As part of data classification logic, State Health Official Letter [# 21-001](#) served as a guide to identify these issues.



# American Rescue Plan Section 9817 State Spending Plan Summary

Alabama

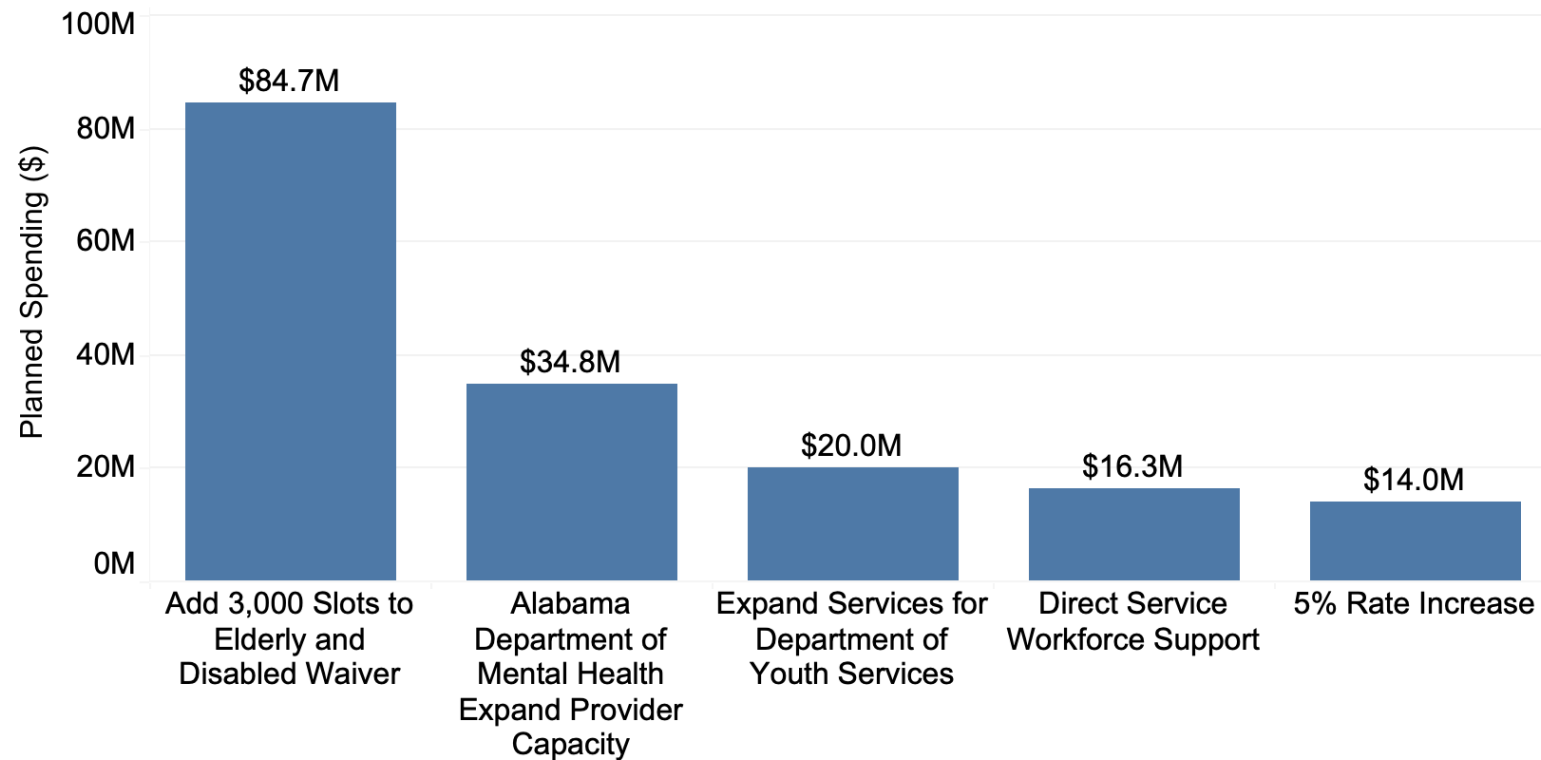


**\$204.2M**  
total  
planned  
spending



**34**  
activities  
planned

**Top 5 Activities**  
*By Planned Spending*



**Workforce Recruitment and Retention Activities**  
*By Planned Spending*

Activity Title from the Spending Plan	Total Planned Spend (\$)
Alabama Department of Mental Health Expand Provider Capacity	\$34.8M
Direct Service Workforce Support	\$16.3M
5% Rate Increase (incentives or salary increases for direct service providers)	\$14.0M
Workforce Recruitment	\$7.4M
Increase Direct Service Provider Reimbursement Rate	\$4.8M
Add Service - Paid Supervisory Visit	\$2.8M
2% Rate Increase (for administration of certain medicines)	\$280.0K

## Activity Highlights

**Add 3,000 Slots for the Elderly and Disabled Waiver Program to Increase Capacity of the Program:** Pay for additional community-based Medicaid expenditures for individuals. Approximately eight hundred and forty-five (845) additional people have been enrolled in the waiver program because of this activity through the third quarter of calendar year 2023.

**Provide Workforce Support and Training:** Provide recruitment and retention incentive grants for providers serving individuals with developmental disabilities. The state will also initiate a workforce development initiative and utilize a subject matter expert for development of provider staff competency training opportunities.

**Expand Use of Technology and Telehealth:** Expand the use of technology and telehealth which will increase access to services. The state will also offer electronic visit verification equipment grants and provide funding for data management system enhancements.

# American Rescue Plan Section 9817 State Spending Plan Summary

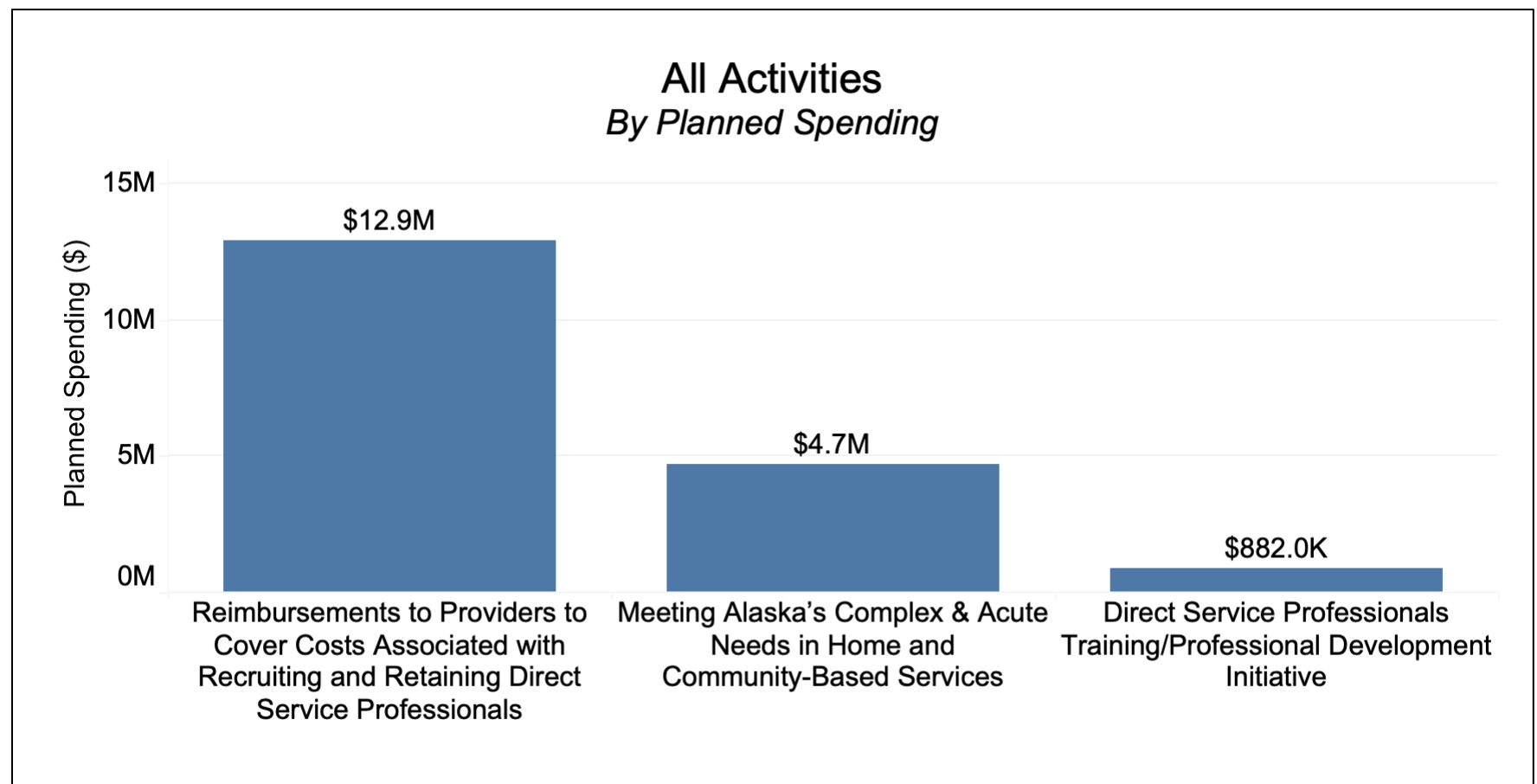
Alaska



**\$18.5M**  
total planned  
**\$12.6M**  
total reported  
spending



**3**  
activities  
planned



## Activity Highlights

### Reimbursements to Providers to Cover Costs Associated with Recruiting and Retaining Direct Care Professionals:

Reimburse providers for the following types of payments to direct care professionals: bonus or hero pay, overtime pay, paid leave for COVID needs, shift differential payment related to the pandemic, personal protective equipment purchases, and vaccine incentive payments.

### Meeting Alaska's Complex & Acute Needs in Home and Community-Based Services (HCBS):

Provide support for HCBS providers to better serve section 1915(c) waiver-eligible individuals with complex needs (comorbidities, behavioral health concerns, and complex medical issues) by funding a complex care support team for training and consultation to build expertise in Alaska.

### Direct Care Professionals Training/Professional Development Initiative:

Offer enhanced training and support beyond the current training requirements for individuals who provide direct, hands-on care for beneficiaries with disabilities and their families, incentivizing retention and professionalism among this workforce. This initiative will be conducted in partnership with the University of Alaska Anchorage Center for Human Development, which already has significant infrastructure and experience in offering training to direct care professionals.

# American Rescue Plan Section 9817 State Spending Plan Summary

Arizona

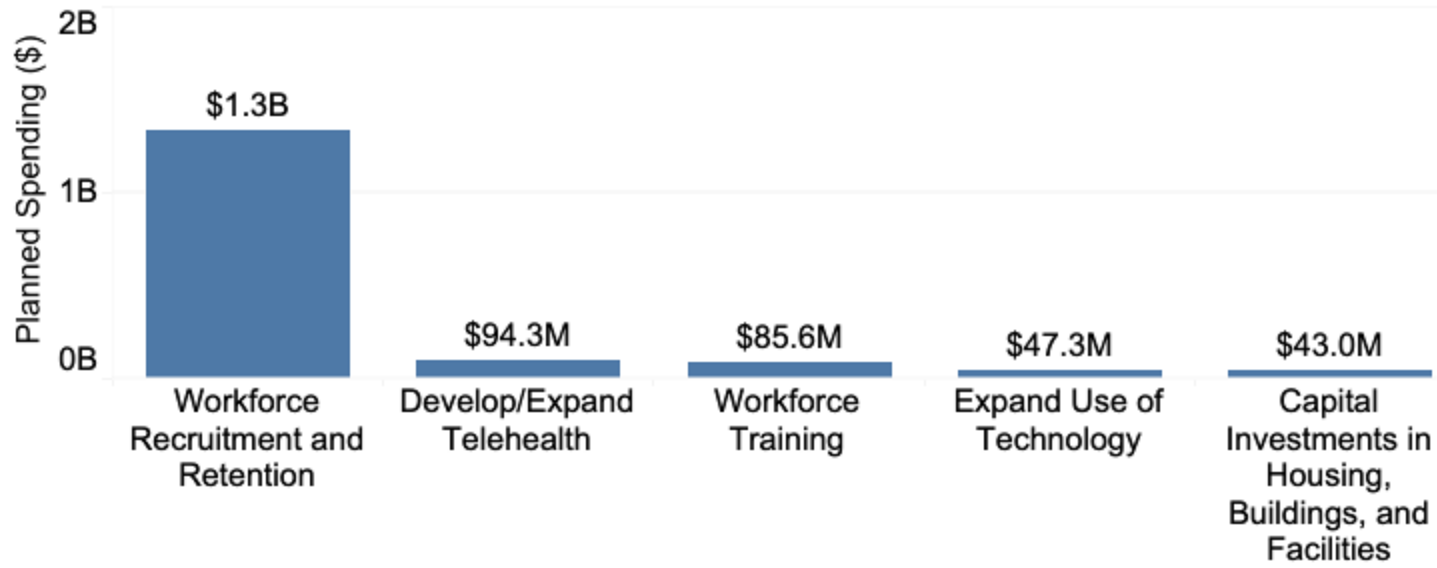


**\$1.6B**  
total planned  
**\$861.3M**  
total reported spending

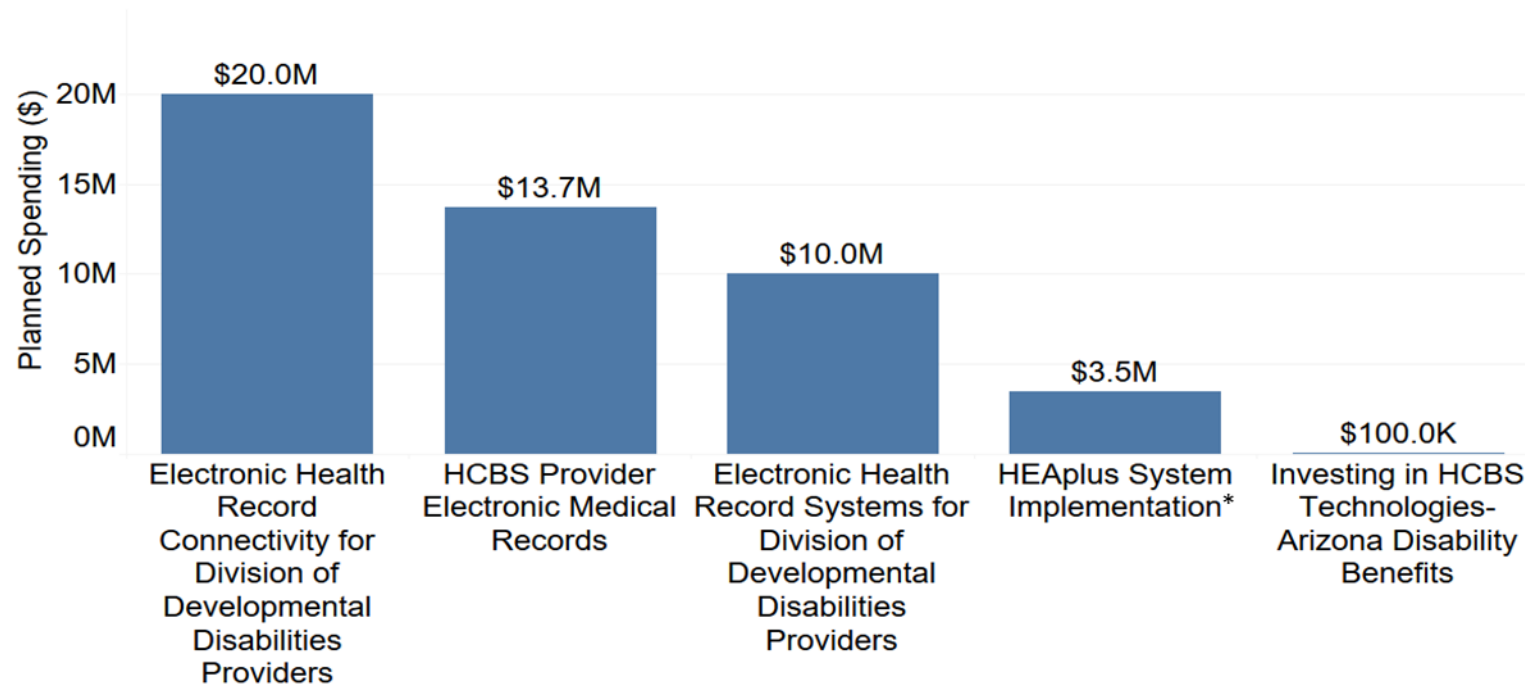


**47**  
activities planned

**Top 5 Areas**  
*By Planned Spending*



**Expanding Use of Technology Activities**  
*By Planned Spending*



## Activity Highlights

**Continuing Education Units (CEU)/Continuing Medical Education (CME) for Intellectual/Developmental Disability (I/DD) and Behavioral Health Providers:** Develop CEU/CME training modules specific to best practices, empathy, cultural/familial sensitivity, and member-centric care for providers who serve members with an I/DD, using evidence-based Positive Behavior Support (PBS) training, which is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment. All direct service professionals employed by the Department of Economic Security/the Department of Developmental Disabilities will be trained on this curriculum.

**American Rescue Plan Act Awards:** Fund a grant program, which targets activities focused on programmatic enhancement, and/or infrastructure investments to providers, health systems, and contracted vendors. Targeted programmatic enhancement can include provider workforce retention and development, specialized training for direct care workers, and support programs that address social risk factors such as social isolation. Infrastructure investments include new living settings, purchase of vehicles, and improvements to existing group homes.

\*Health-e- Arizona Plus (HEAplus) is an online application for Arizona residents to apply for medical, nutrition, and cash assistance.

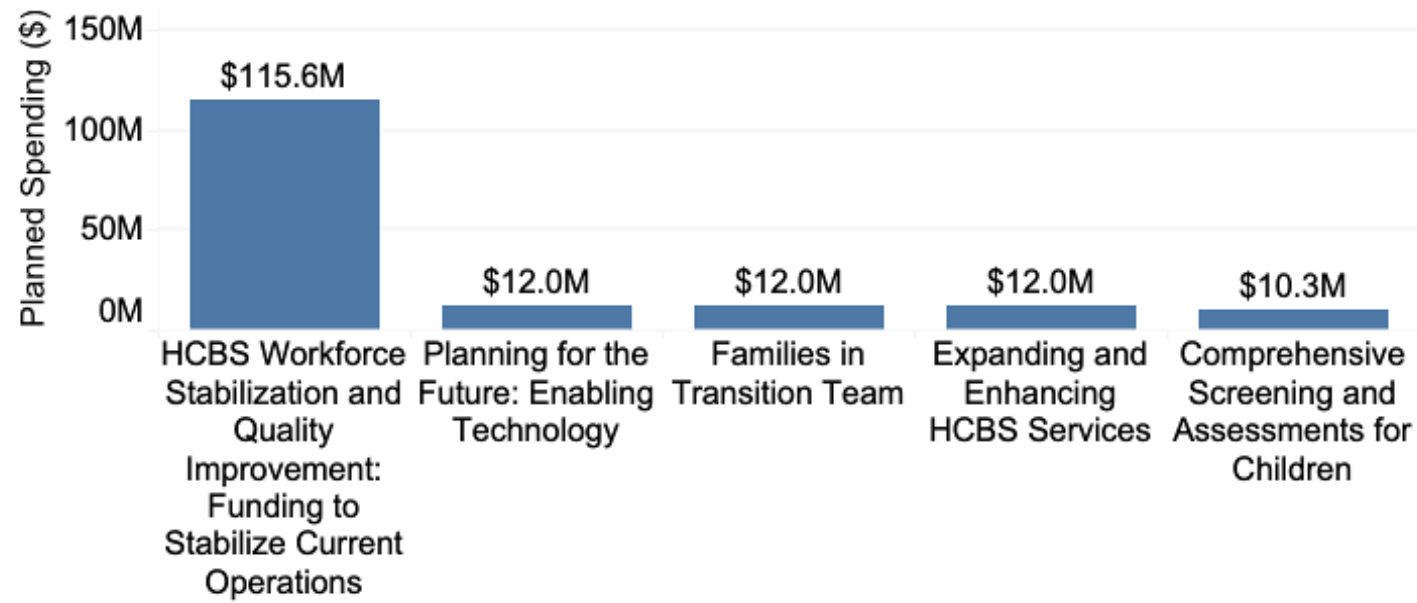


# American Rescue Plan Section 9817 State Spending Plan Summary

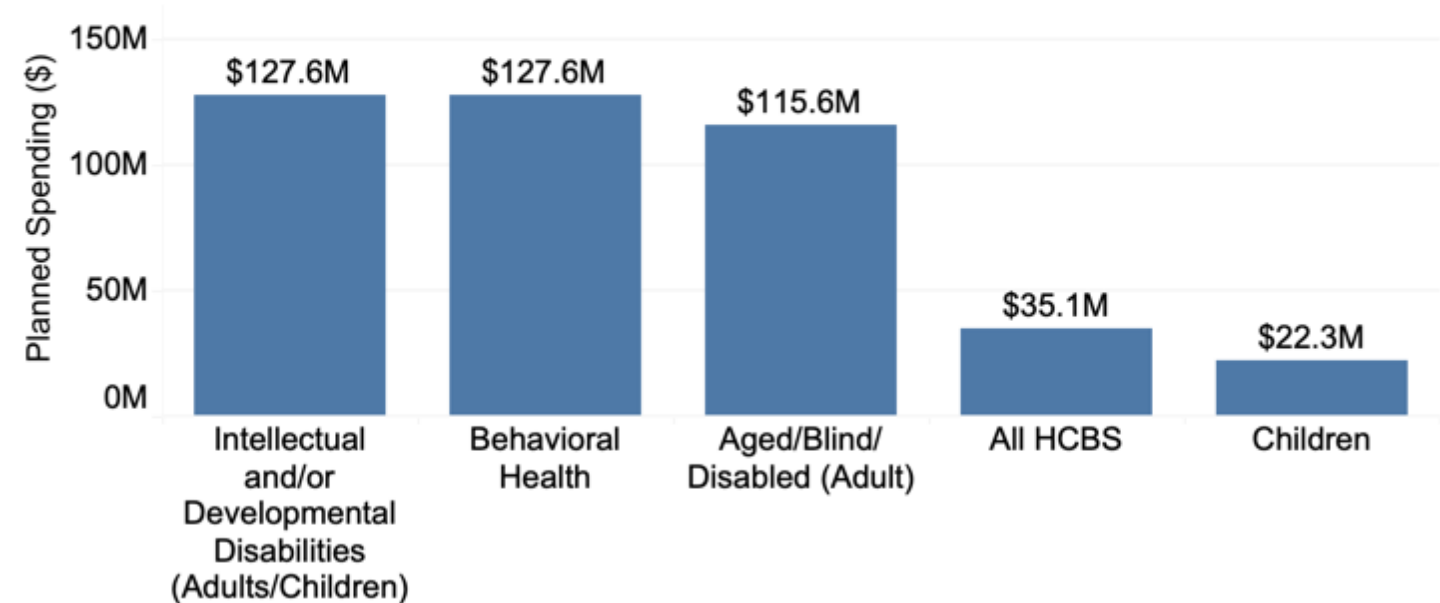
Arkansas



**Top 5 Activities**  
By Planned Spending



**Population Type**  
By Planned Spending



## Activity Highlights

**Home and Community-Based Services (HCBS) Workforce Stabilization and Quality Improvement:** Assist providers with funding to stabilize and strengthen current operations and develop provider-based plans for quality improvement, staff advancement, and retention, both short and long term. The funding will be targeted at providers delivering services to people with developmental disabilities, older adults, and those with functional deficits due to their behavioral health needs.

**Comprehensive Screening and Assessments for Children:** Develop a program to expand screening and differential diagnostic services for children across the state to provide accurate and early identification of issues that impact a child's behavior and learning. The program will also provide training, mentorship, and support from a state-level interdisciplinary team to local teams.

**Families in Transition Team:** Develop a specific HCBS package, the Family in Transition Team, that will include specialized family preservation and stabilization services for children in foster care, children reentering their homes, and children transitioning from institutional settings back to home. The model recognizes that non-medical supports are critical when a family member is transitioning from a family home to another setting or when they are moving from another setting back to the family home.



# American Rescue Plan Section 9817 State Spending Plan Summary

California

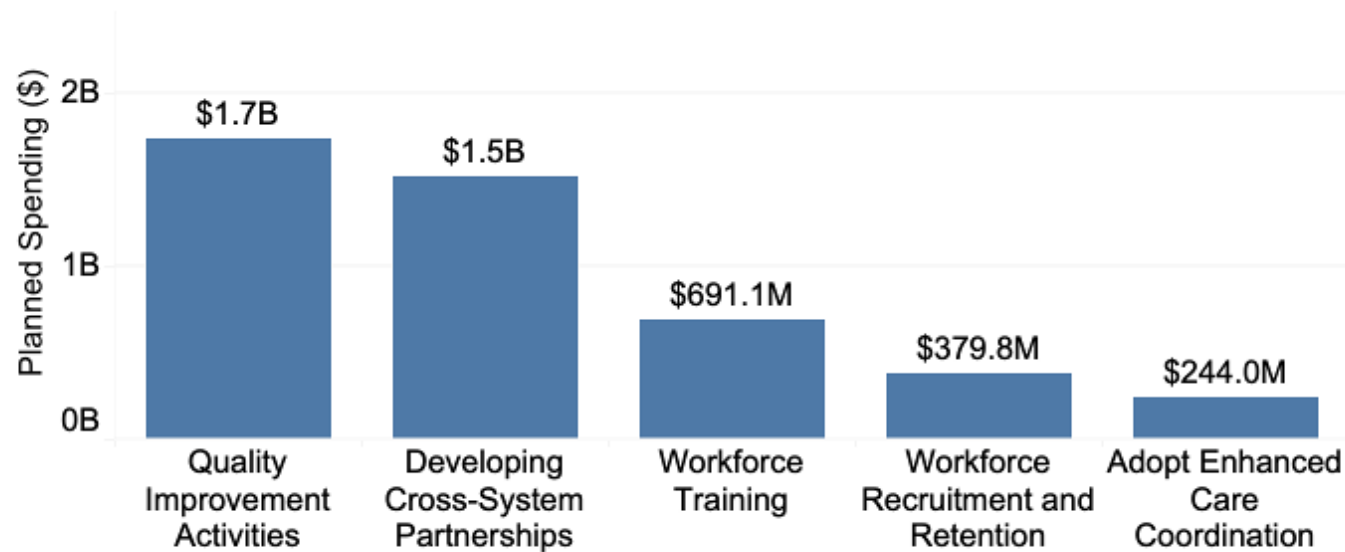


**\$4.6B**  
total planned  
**\$1.3B** total  
reported  
spending



**26**  
activities  
planned

**Top 5 Areas**  
*By Planned Spending*



**Social Determinants of Health Planned Spending**  
*By Type of Issue*

Type of Issue	Total Planned Spend (\$)
Housing-Related Services and Supports	\$1.4B
Add/Expand Culturally and Linguistically Competent Services and Staff	\$361.8M
Engagement/Collaboration with Community-Based Organizations	\$173.1M
Home-Delivered Meals	\$146.0M
Employment	\$106.0M
Community Integration and Social Supports	\$5.0M

## Activity Highlights

**Housing and Homelessness Incentive Program:** Provide incentive payments to Medi-Cal managed care plans (MCPs) for meeting specified metrics for addressing homelessness and keeping people housed. Funds will be allocated with consideration for point in time counts of homeless individuals and/or other housing related metrics determined by the state. MCPs and the local homelessness Continuums of Care, in partnership with local public health jurisdictions, county behavioral health, public hospitals, county social services, and local housing departments, must submit a Homelessness Plan to the state. The Homelessness Plan must outline how Housing and Homelessness Incentive Program activities and supports would be integrated into the homeless system. This will include a housing services gaps/needs assessment.

**Dementia Care Aware and Geriatric/Dementia Continuing Education:** Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries. Develop provider training in culturally competent dementia care.

**Contingency Management (CM) Pilot Program:** Offer small motivational incentives combined with behavioral treatment for those with stimulant use disorders. As of June 2023, the California Department of Health Care Services approved 13 sites to offer CM services and enrolled 156 Medi-Cal members in the incentives program. As a condition of CMS's approval of the pilot program under section 1115 authority, the state will conduct a robust evaluation to determine if the program is effective.

# American Rescue Plan Section 9817 State Spending Plan Summary

Colorado

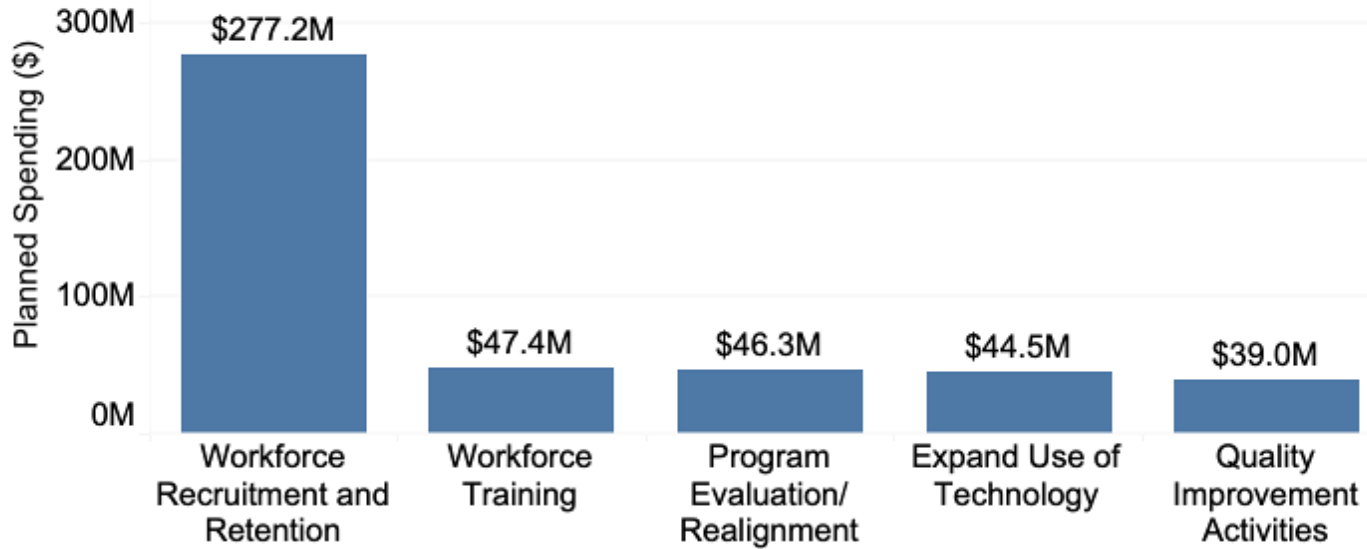


**\$552.9M**  
total planned  
**\$262.5M**  
total reported  
spending

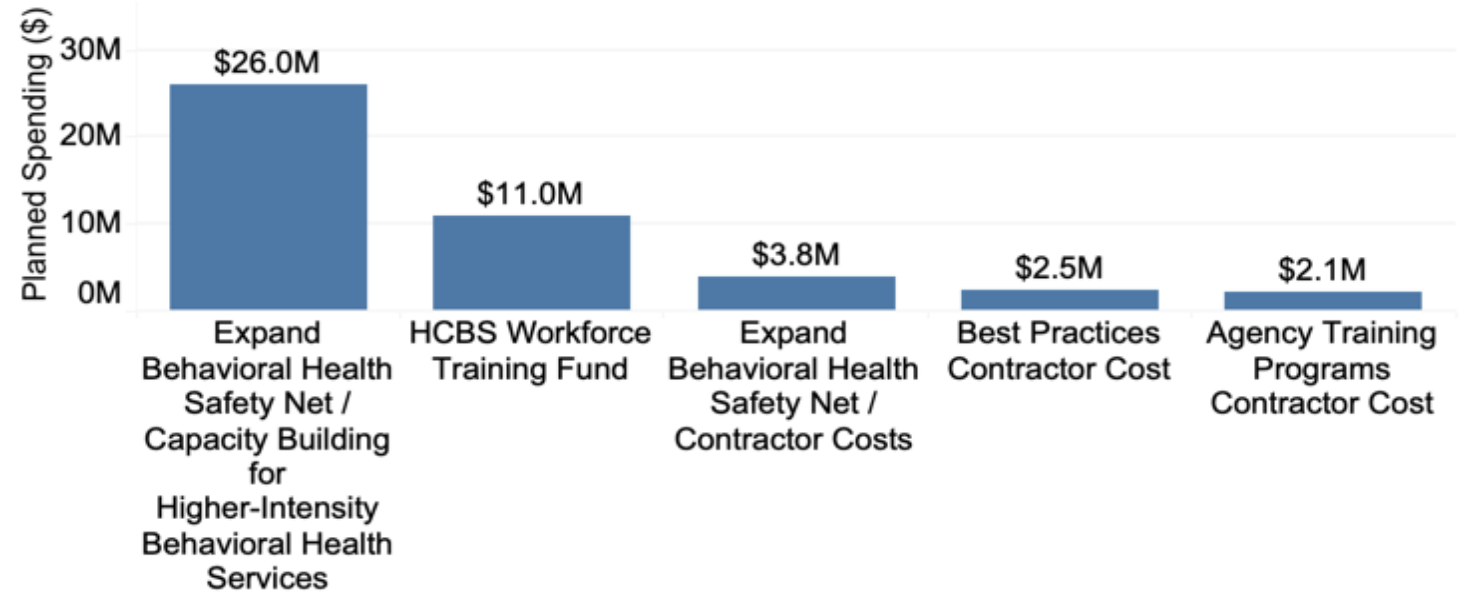


**95**  
activities  
planned

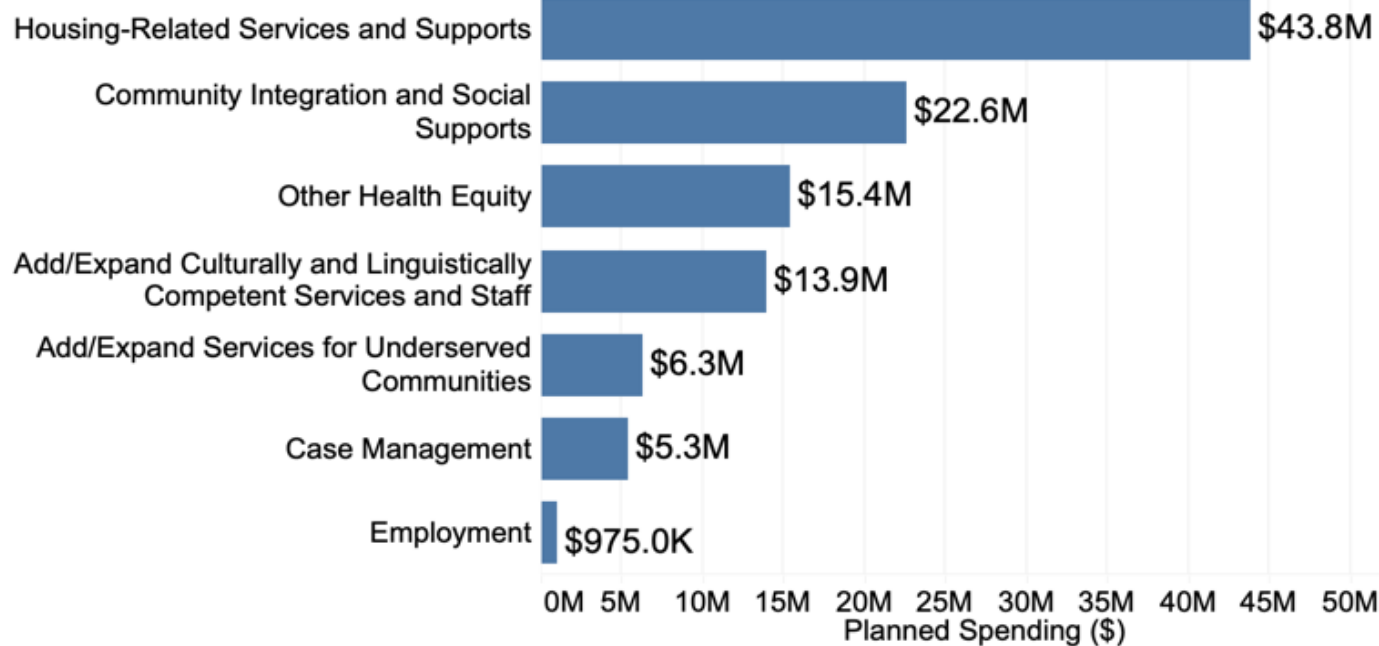
**Top 5 Areas  
By Planned Spending**



**Top 5 Workforce Training Activities  
By Planned Spending**



**Social Determinants of Health Planned Spending  
By Type of Issue**



## Activity Highlights

**Standardized Core Curriculum & Specialization:** Develop homemaker and personal care worker curriculum to include specialized topics, such as Alzheimer's disease and related dementias and mental and behavioral health care, and provide free training online and in-person through a train-the-trainer model. The trainings will be developed using a "universal worker" structure, designed for use by individuals working in a variety of settings and with different populations.

**Supported Employment Pilot:** Implement a supported employment pilot extension to determine if expanding incentive-based payments for supported employment services within section 1915(c) waiver programs is cost-effective and produces positive outcomes. Learnings from the pilot program will be used to scale the model to other communities and to provide best practices recommendations for further development of new, innovative models.

# American Rescue Plan Section 9817 State Spending Plan Summary

## Connecticut

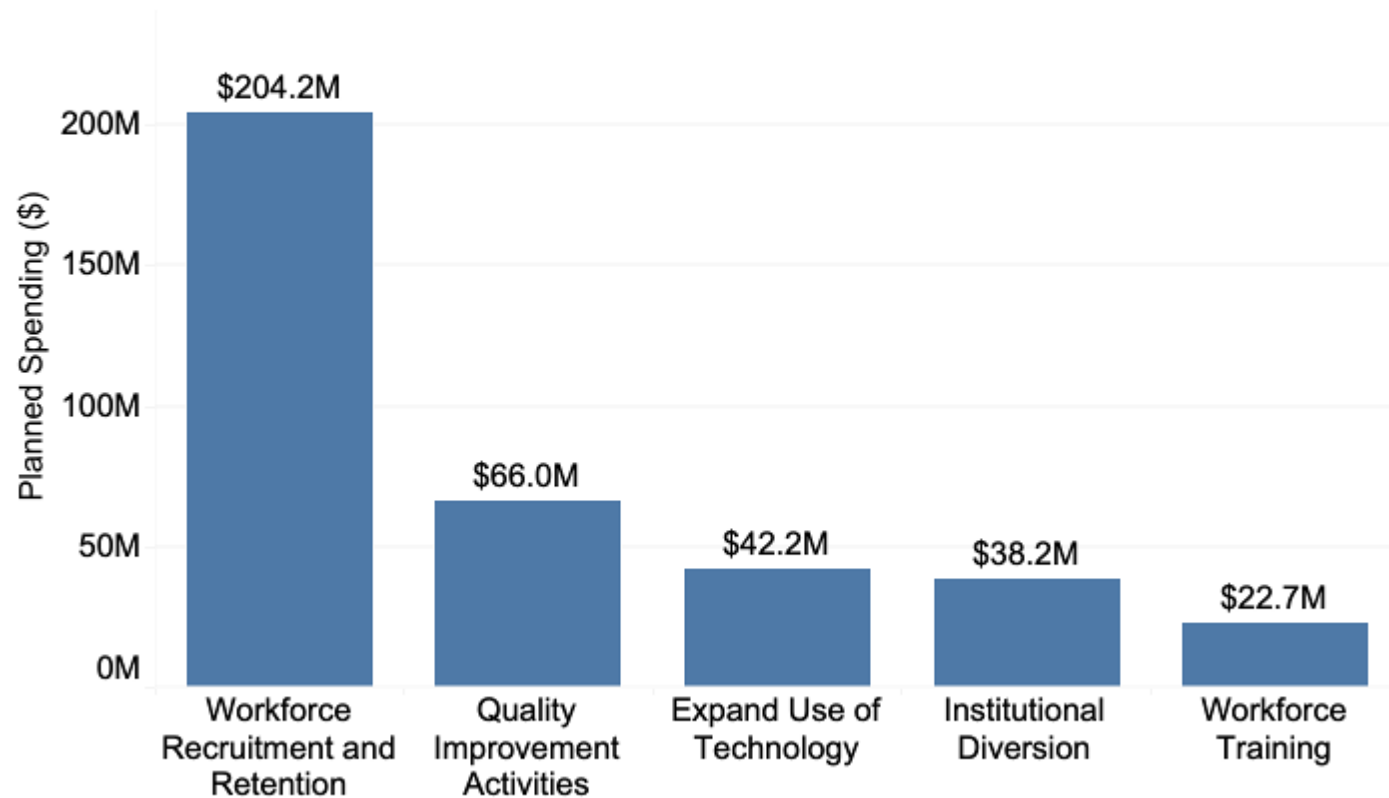


**\$416.3M**  
total planned  
**\$120.7M**  
total reported  
spending

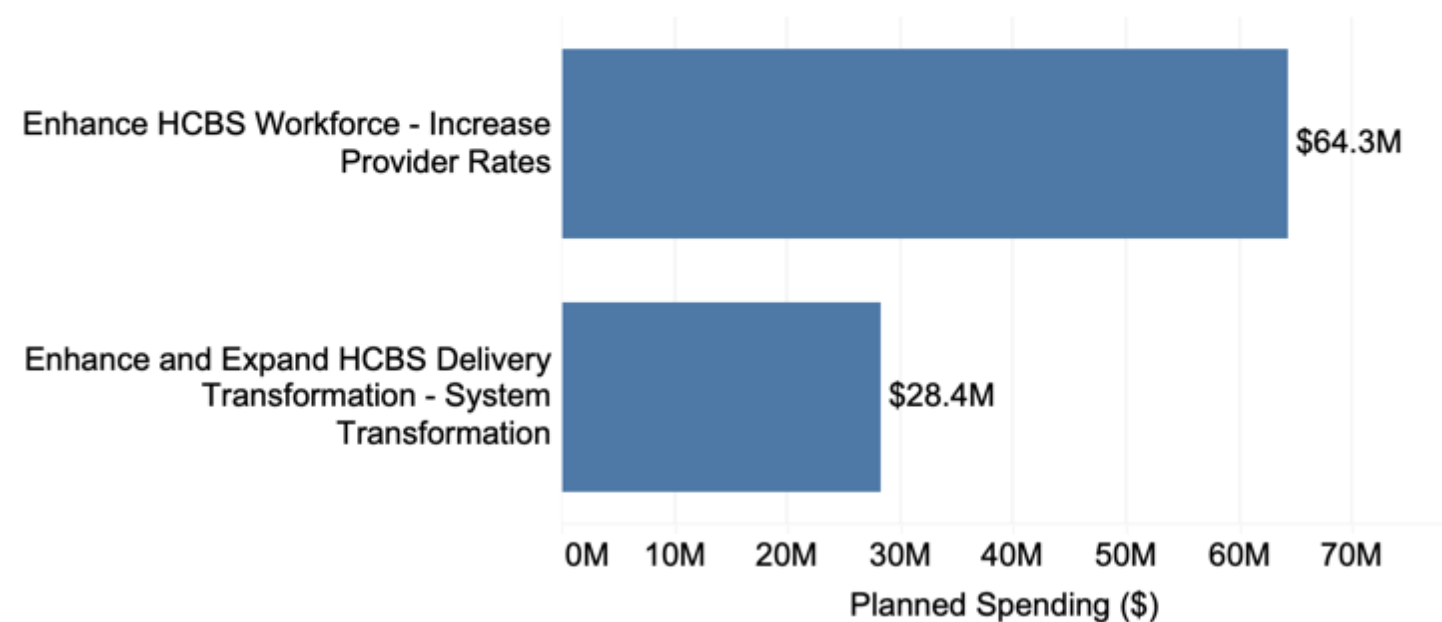


**38**  
activities  
planned

**Top 5 Areas**  
*By Planned Spending*



**Workforce Recruitment and Retention Activities that Include Rate Updates**  
*By Planned Spending*



**Quality Improvement Activities Focusing on Outcome-Based Payment Initiatives**  
*By Planned and Reported Spending*

Activity Title from the Spending Plan	Total Planned Spend (\$K,\$M)	Total Reported Spend (\$K,\$M)
Strengthen Quality - Creation of Outcome-Based Incentive Program	\$853.7K	\$127.7K
Strengthen Quality - Implement HCBS and Home Health Pay for Performance Initiative	\$22.7M	\$9.2M

### Activity Highlights

**Critical Incident Management System Enhancements and Improvements:** Expand data used to identify critical incidents to include Medicare claims and level of need data as well as admission, discharge, and transfer information, in addition to the Medicaid claims data that is currently used.

**Integrate Smart Home Technology into Subsidized Housing:** Update subsidized housing stock to include smart home technology with the aim of increasing independence for older adults and people with disabilities.



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# American Rescue Plan Section 9817 State Spending Plan Summary

Delaware



**\$70M**  
total planned  
**\$3.2M** total  
reported  
spending



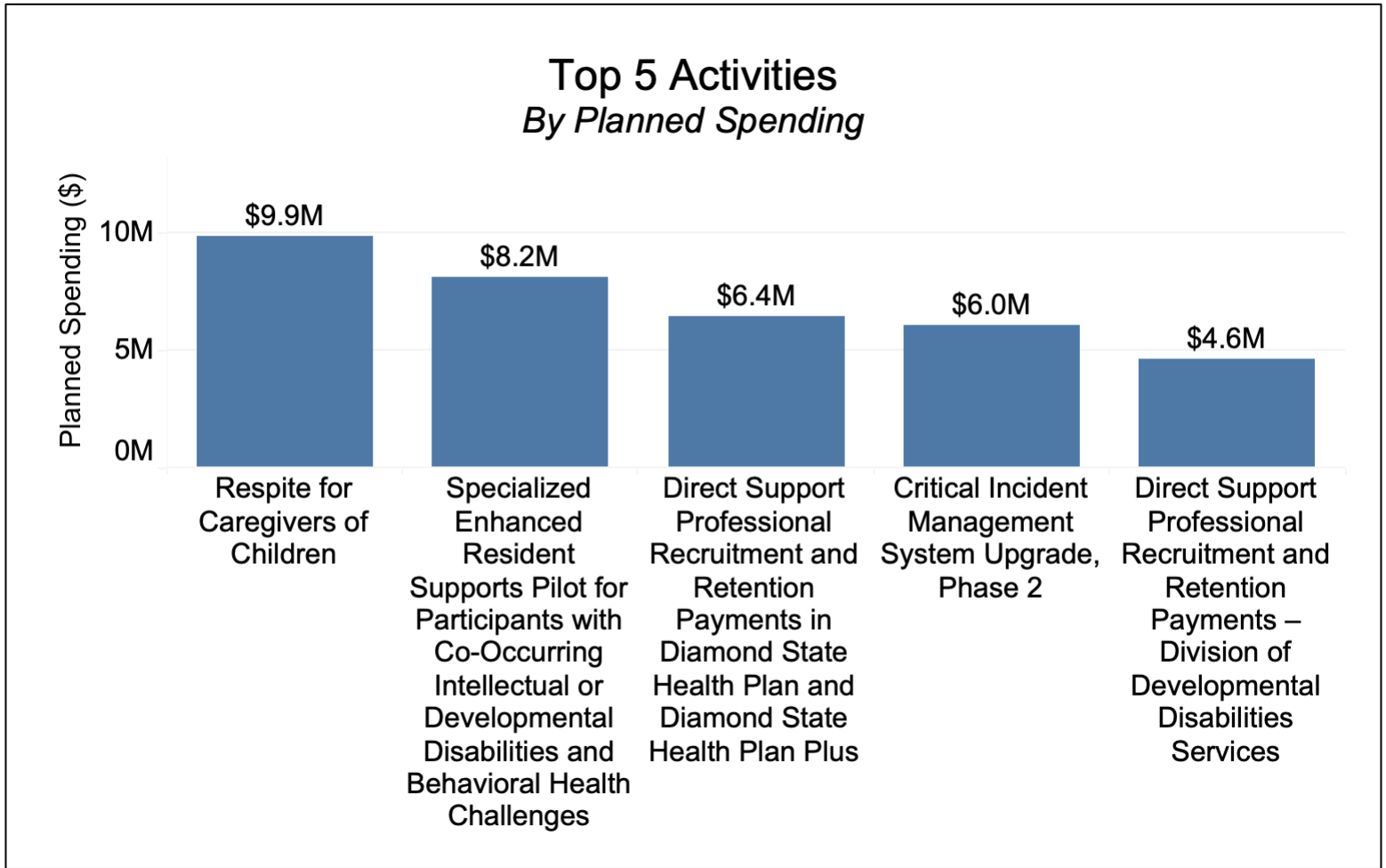
**43**  
activities  
planned

## Activity Highlights

**Direct Support Professional Recruitment and Retention Payments – Division of Developmental Disabilities Services (DDDS):** Offer recruitment bonuses of \$1,000 per direct support professional for approximately 1,000 direct support professionals, and a retention payment of \$1,000 per direct support professional for approximately 3,000 direct support professionals, employed prior to 4/30/2021. DDDS will target recruitment bonuses and retention payments to direct support professionals who provide day and residential habilitation services.

**Rate Study for Direct Service Professionals:** Conduct a rate study of direct support professionals providing services to older adults and people with physical disabilities to assess the adequacy of the current reimbursement rates.

**Critical Incident Management System Upgrade:** Purchase a commercial off-the-shelf software product and platform that will allow for incident reports, investigations, and resolutions to be captured and monitored for the Division responsible for oversight; analysis of incident data to identify and track trends across members, providers, and sites across Divisions; aggregate data reporting across Divisions; and promotion of statewide monitoring and intervention as needed to prevent additional incidents. Providers and MCOs, currently responsible for reporting, will be able to enter incident reports directly into the system.





# American Rescue Plan Section 9817 State Spending Plan Summary

District of Columbia

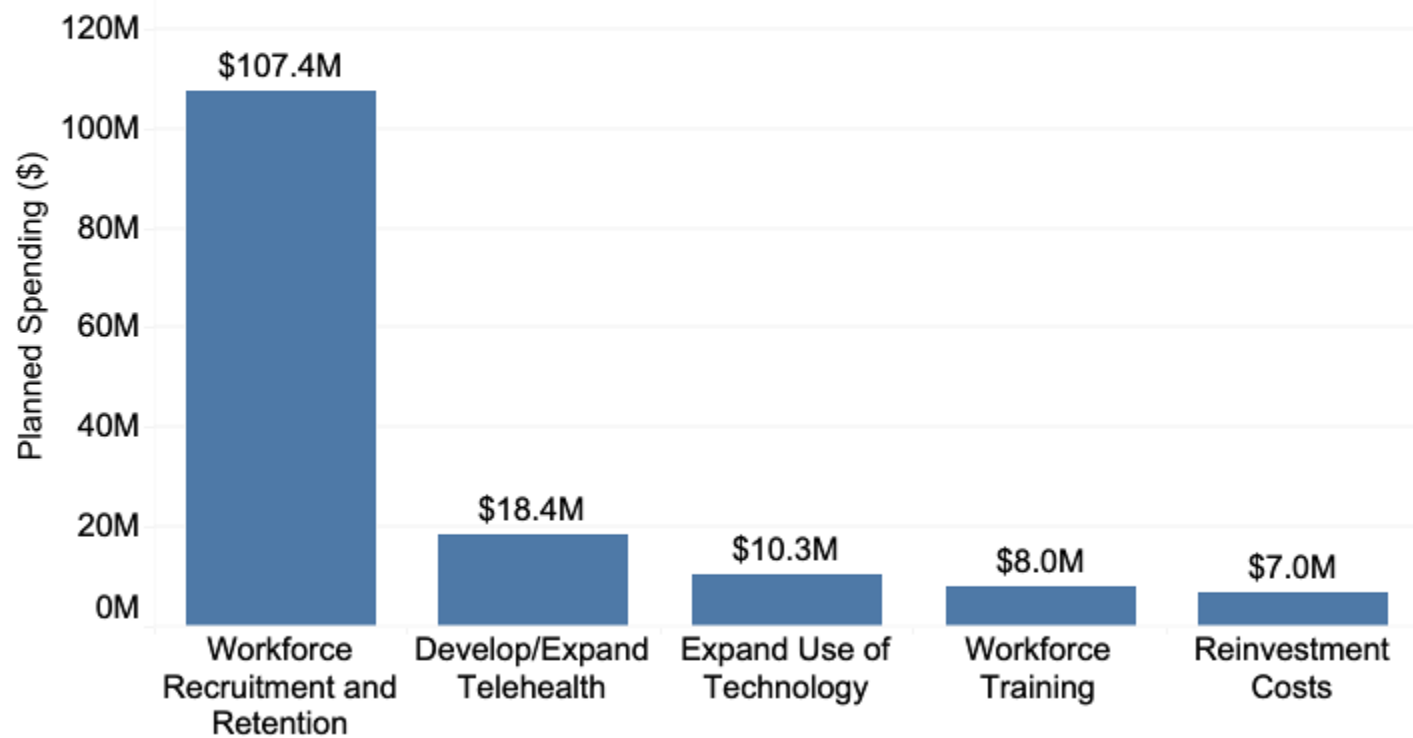


\$176.3M  
total planned  
\$106.1M  
total reported  
spending

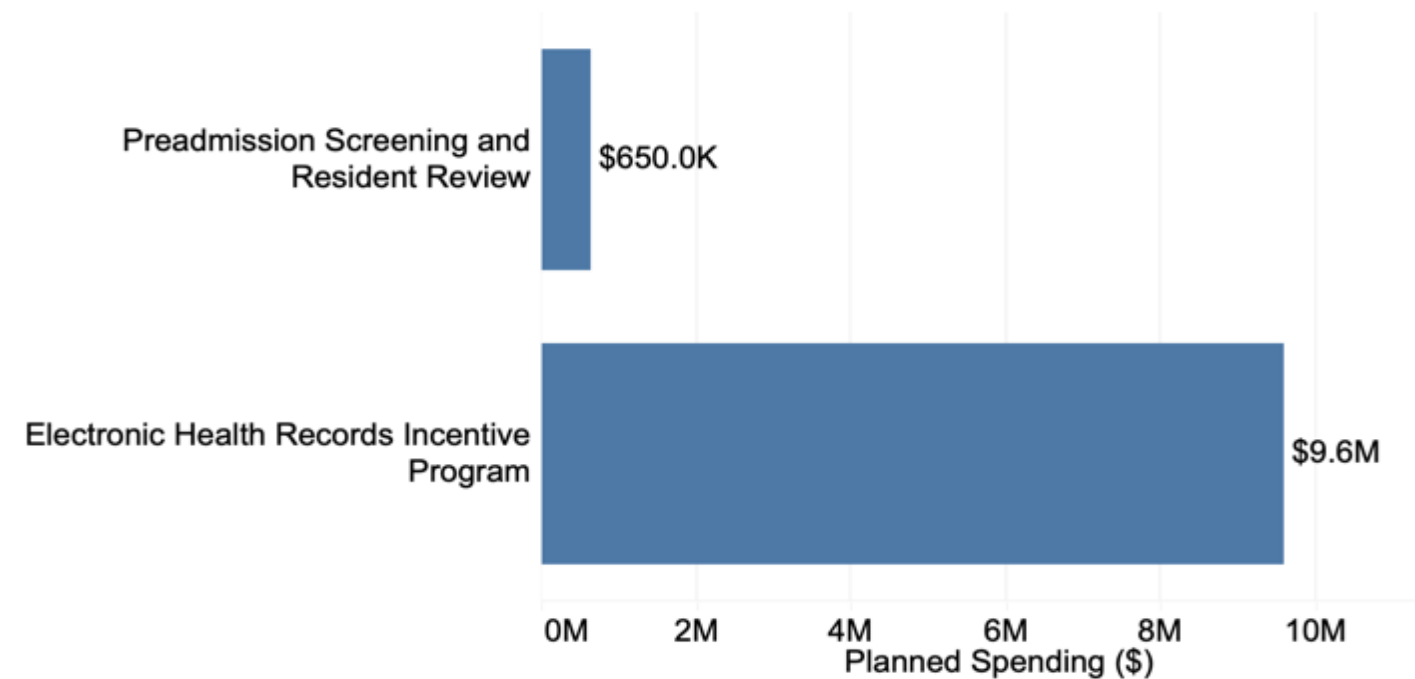


50  
activities  
planned

Top 5 Areas  
By Planned Spending



Expanding Use of Technology Activities  
By Planned Spending



## Activity Highlights

**Remote Patient Monitoring:** Implement a pilot program to test strategies that may be used to develop a reimbursement policy for remote patient monitoring. This pilot grant program will cover the cost of using remote patient monitoring services for individuals with chronic conditions or HCBS beneficiaries, especially those at risk for adverse outcomes due to COVID-19.

**Direct Care Worker Retention Bonus Payments:** Fund bonuses through disbursements to HCBS providers for payment of year-over-year retention bonuses to certified direct care staff in Medicaid service delivery. The initiative will fund up to two retention bonuses to workers meeting program requirements.

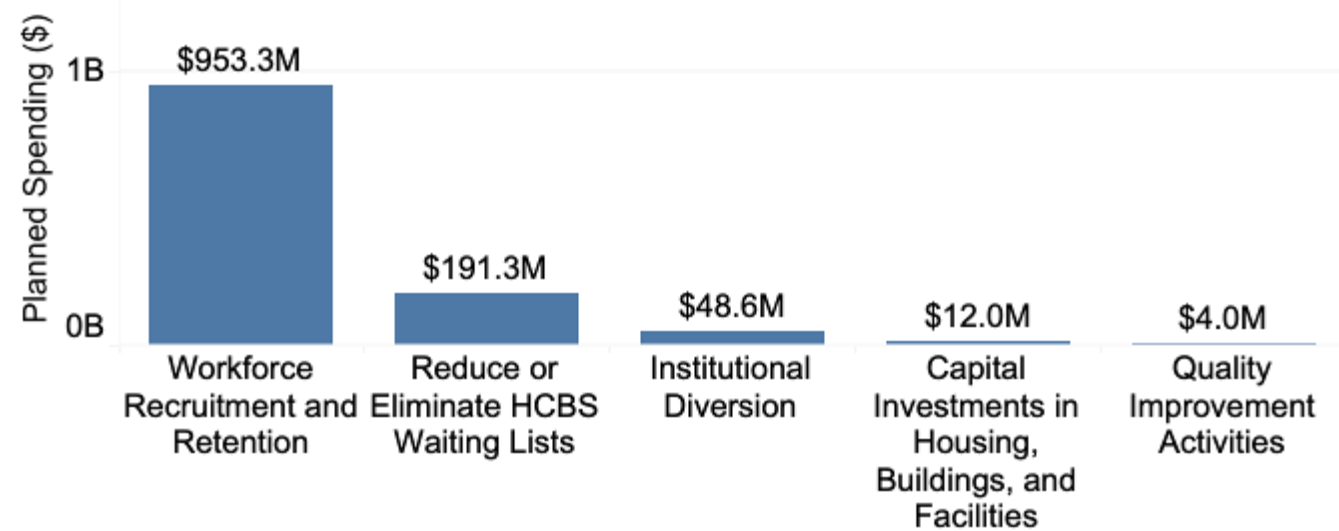
**Therapeutic Services to Prevent Functional Decline:** Implement services and programmatic changes to increase the capacity of beneficiaries to remain in the community. Activities include establishment of a triage team to focus on high-risk beneficiaries (as identified by enhanced assessment tools used to assess need for long-term services and supports); funding for changes to the scope of medical equipment; and recruitment of physical therapy assistants, as extenders to physical therapists.

# American Rescue Plan Section 9817 State Spending Plan Summary

Florida



Top 5 Areas  
By Planned Spending



Workforce Recruitment and Retention Activities that Include Workforce Development Payments  
By Planned Spending

Activity Title from the Spending Plan	Total Planned Spend (\$)
HCBS Capacity Building-Expanding Provider Capacity: One-Time Provider Retention Payments	\$329.3M
HCBS Capacity Building-Expanding Provider Capacity: One-Time Provider Stipend	\$316.7M
HCBS Capacity Building-Expanding Provider Capacity: One-Time Non-Waiver HCBS Services Provider Retention Payments	\$296.5M

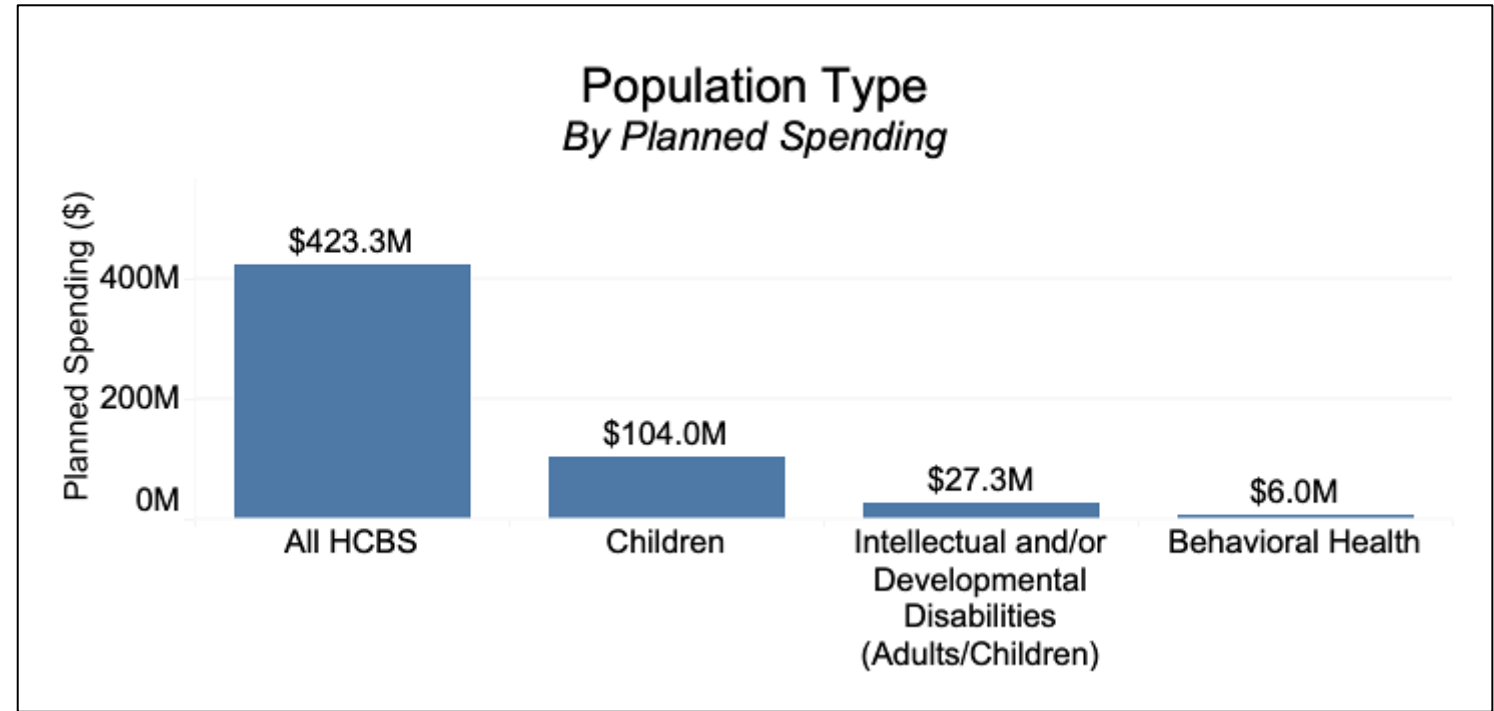
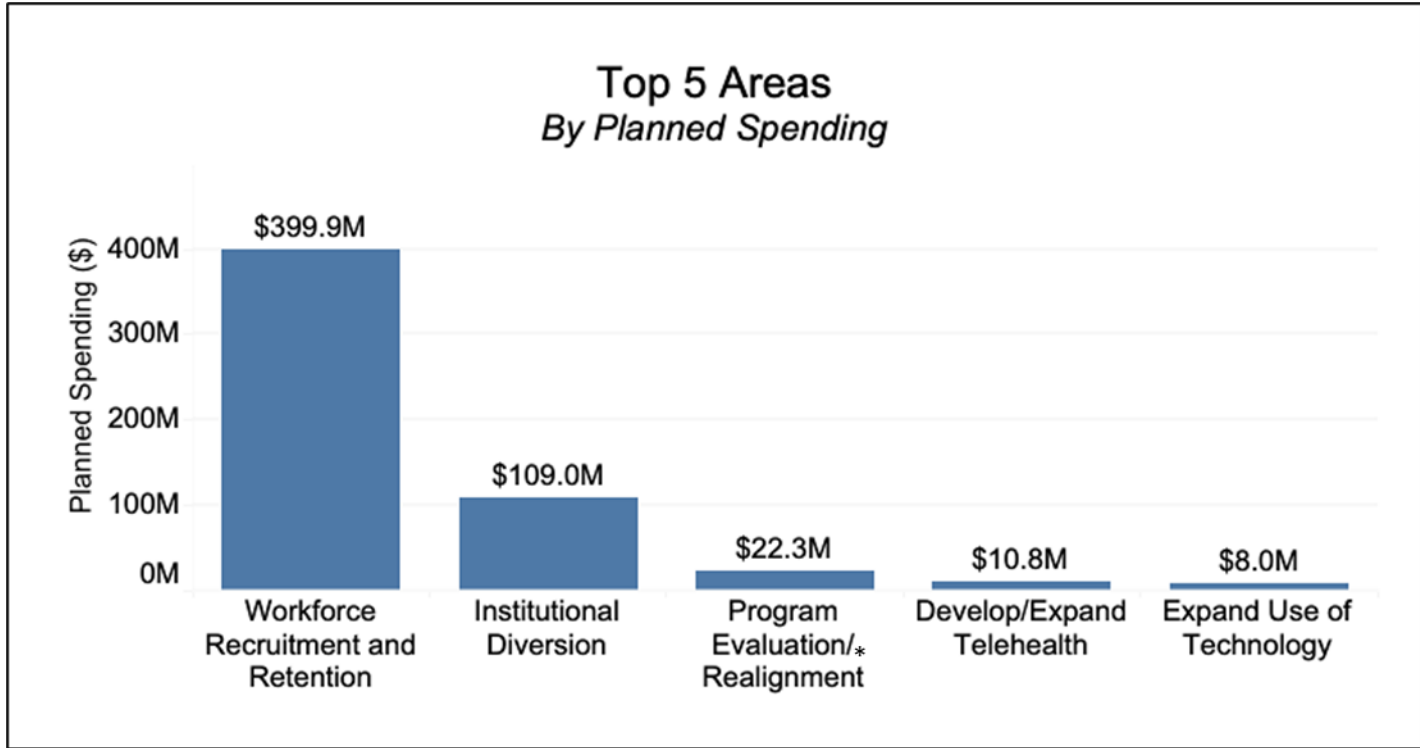
## Activity Highlights

**Home and Community-Based Services (HCBS) Capacity Building – Prescribed Pediatric Extended Care (PPEC) Rate Increase:** Implement a PPEC rate increase for providers to assist eligible children with medically complex conditions to receive continual medical care. Services provided through PPEC include developmental therapies and medical, nursing, personal care, psychosocial, and respiratory therapy services.

**HCBS Capacity Building – Addressing Social Determinants of Health and Health Disparities:** Supports care for Floridians aged 60 and older in family-type living arrangements within private homes as an alternative to institutional or nursing home care. This activity includes working with local Aging and Disability Resource Centers to identify eligible older adults and their needs, and creating an evaluation plan that studies outcomes of interest including health outcomes, healthcare economics, and unmet social needs.

# American Rescue Plan Section 9817 State Spending Plan Summary

Georgia



\* Includes home and community-based services (HCBS) workforce assessment and ways to improve retention, recruitment and career development.

## Activity Highlights

**Behavioral Aides for Children and Youth:** Implement a new service that will provide behavioral support aides in the home setting for members under age 21 who are diagnosed with autism, serious emotional disturbance, or other behavioral conditions. The new service will provide one-to-one behavior management intervention and stabilization services designed to teach and reinforce behavioral goals through training and direct support. Use of behavioral support aides is intended to reduce the number of admissions and/or readmissions to psychiatric residential treatment facilities (PRTF), serve as a step-down service for children being discharged from a PRTF, and increase access to HCBS.

**Develop a Case Management Technology Platform for Medicaid HCBS:** Develop an electronic platform to capture Medicaid HCBS case management activities for both state plan and waiver authorities. Funding would support implementation of the electronic platform, staff training on platform use, additional staff, and development of reporting and dashboard components that provide insight into trends and areas to target quality improvement activities. The technology platform will incorporate medical provider electronic health record information to improve accuracy of care planning and service delivery.

## Workforce Recruitment and Retention Activities that Include Rate Updates By Reported Spending

Method	Activity Title Per Spending Plan	Total Planned Spend (\$)
Time-Limited Rate Increase	Elderly and Disabled Waiver Program 1915(c) HCBS Services	\$130.9M
Time-Limited Rate Increase	Independent Care Waiver Program 1915(c) HCBS Services	\$16M
Time-Limited Rate Increase	Georgia Pediatric Program (Skilled Nursing Services)	\$5M
Rate Studies Only	Independent Care Waiver Program and Elderly and Disabled Waiver Program Rate Study	\$1.4M



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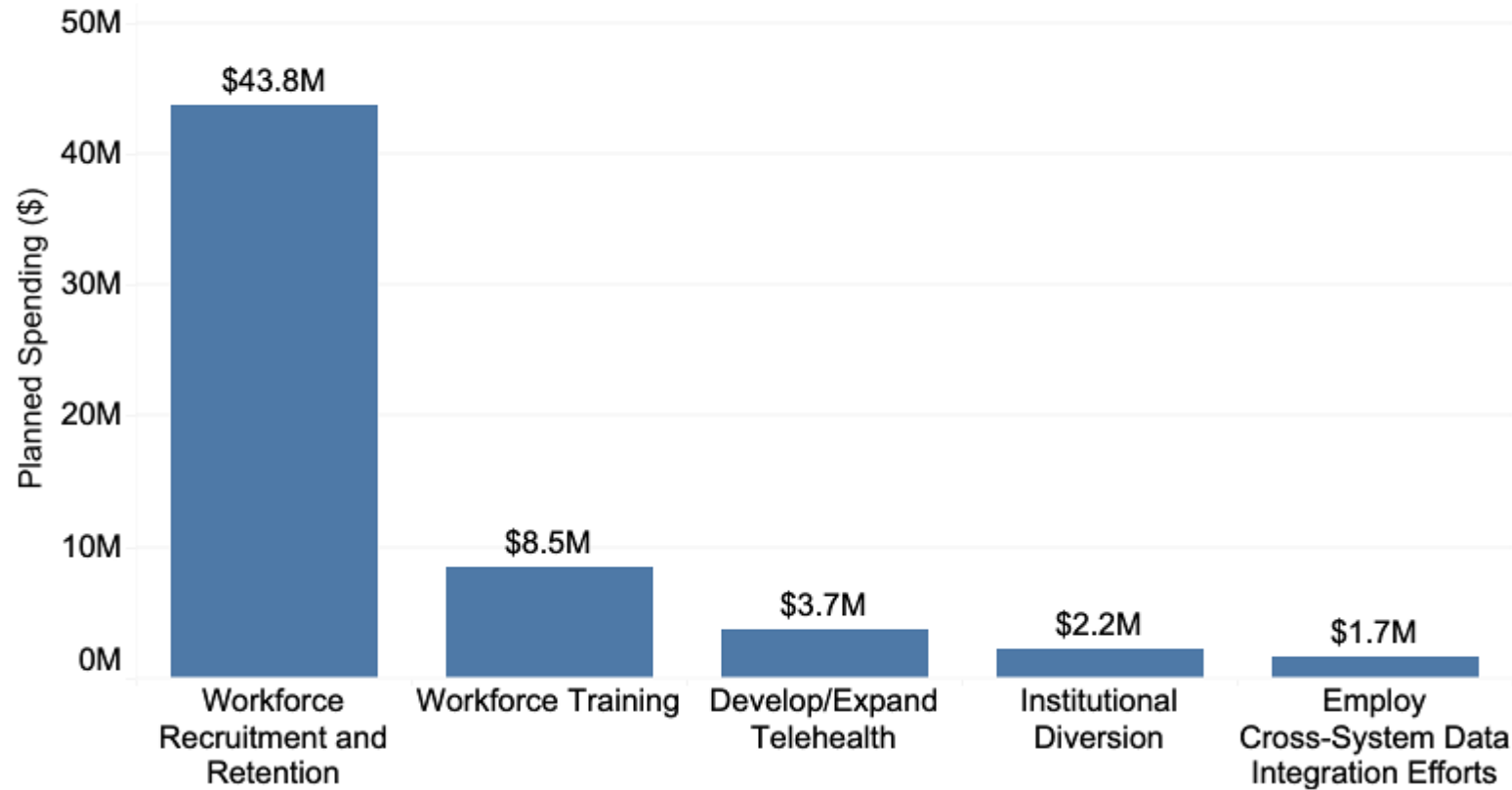
# American Rescue Plan Section 9817 State Spending Plan Summary

Hawaii

**\$59.4M total  
planned  
\$16.9M total  
reported  
spending**

**38  
activities  
planned**

**Top 5 Areas  
By Planned Spending**



**Workforce Recruitment and Retention Activities  
By Planned Spending**

Activity Title from the Spending Plan	Total Planned Spend (\$)
Increase Provider Payment Rates	\$23.2M
Self-Directed Fee Schedule Increase	\$6.6M
Residential Alternatives Rate Increase (Adult Foster Homes/Expanded Care Homes/Assisted Living)	\$4.4M
Accelerating Provider Enrollment	\$3.6M
Rate Increase - Milliman Phase II 2024	\$1.9M
Community Case Management Agencies Monthly Rate Increase	\$1.5M
Building Capacity in Residential Alternatives to Serve Challenging Members	\$1.4M
HCBS Rate Study	\$600.0K
Strengthen the Direct Service Workforce	\$400.0K
Building Case Management Capacity	\$200.0K

## Activity Highlights

**Option for Individuals with Behavioral Challenges:** Add a new waiver service in a licensed home setting supported by an interdisciplinary team and skilled staff for individuals with co-occurring mental illness and complex challenging behaviors. The service will emphasize community integration, family engagement, and trauma-informed care.

**Building Capacity in Residential Alternatives for Members:** Provide training and resources to HCBS residential providers to build skills and confidence to support members with complex behavioral and physical needs. These providers will then be eligible for a higher level of daily reimbursement based on member behavior acuity. The goal is to decrease hospital and nursing facility waitlists, while promoting the safety and well-being of members.



# American Rescue Plan Section 9817 State Spending Plan Summary

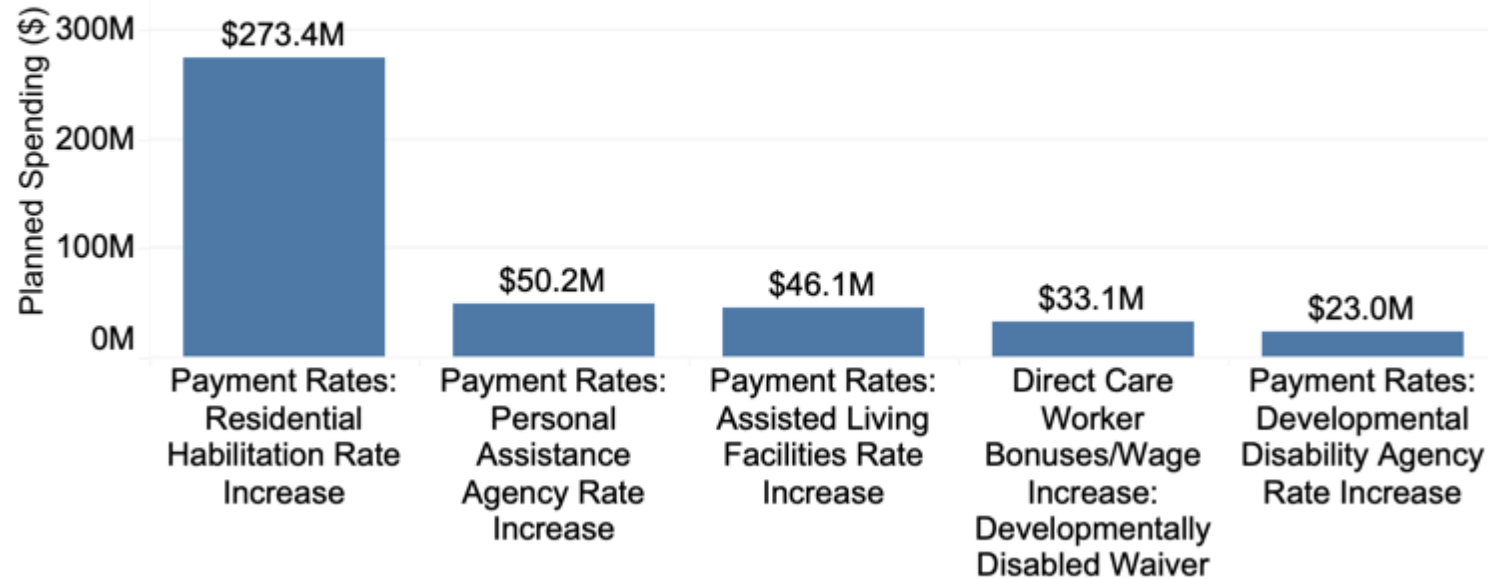
Idaho



**\$465.8M**  
total planned  
**\$465.8M total**  
reported  
spending

**14**  
activities  
planned

**Top 5 Activities**  
*By Planned Spending*



**Workforce Recruitment and Retention Activities that Include Workforce Development Payments**  
*By Planned Spending*

Method	Activity Title Per Spending Plan	Total Planned Spend (\$)
One-time Pay Increases and/or Bonuses	Direct Care Worker Bonuses/Wage Increase: Developmentally Disabled Waiver	\$33.1M
One-time Pay Increases and/or Bonuses	Direct Care Worker Bonuses/Wage Increase: State Plan Services	\$14.0M
One-time Pay Increases and/or Bonuses	Direct Care Worker Bonuses/Wage Increase: Managed Care	\$10.5M
One-time Pay Increases and/or Bonuses	Direct Care Worker Bonuses/Wage Increase: Aged & Disabled Waiver	\$2.6M

## Activity Highlights

**Direct Care Worker Bonus/Wage Increase:** Support behavioral/mental health, home and community-based services, long-term support services, and consumer-directed service workers and providers with payments to support wage increases and/or bonuses to direct care staff. Agency staff and individual providers working one-on-one with Medicaid participants were eligible for wage increases and/or bonuses. The funding supported current staff and new hires based on an initiative in Idaho to strengthen its behavioral/mental health, home and community-based services, and long-term support services provider network.

**Provider Rate Increases:** Increased provider reimbursement rates for certain home and community-based and long-term support service providers. Provider rate increases ranged from assisted living facilities that care for participants with behavioral, intellectual, and/or cognitive health needs to personal assistance agencies that allow participants to live in their home and receive additional supports like homemaking, chore services, or personal care services. By increasing the provider reimbursement rate, Idaho is taking a first step to improve the ability for provider agencies to attract and retain direct care workers needed to care for participants. The increase to these providers is based on an initiative in Idaho to reimburse for quality healthcare that is appropriate, efficient, and cost-effective.



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# American Rescue Plan Section 9817 State Spending Plan Summary

Illinois

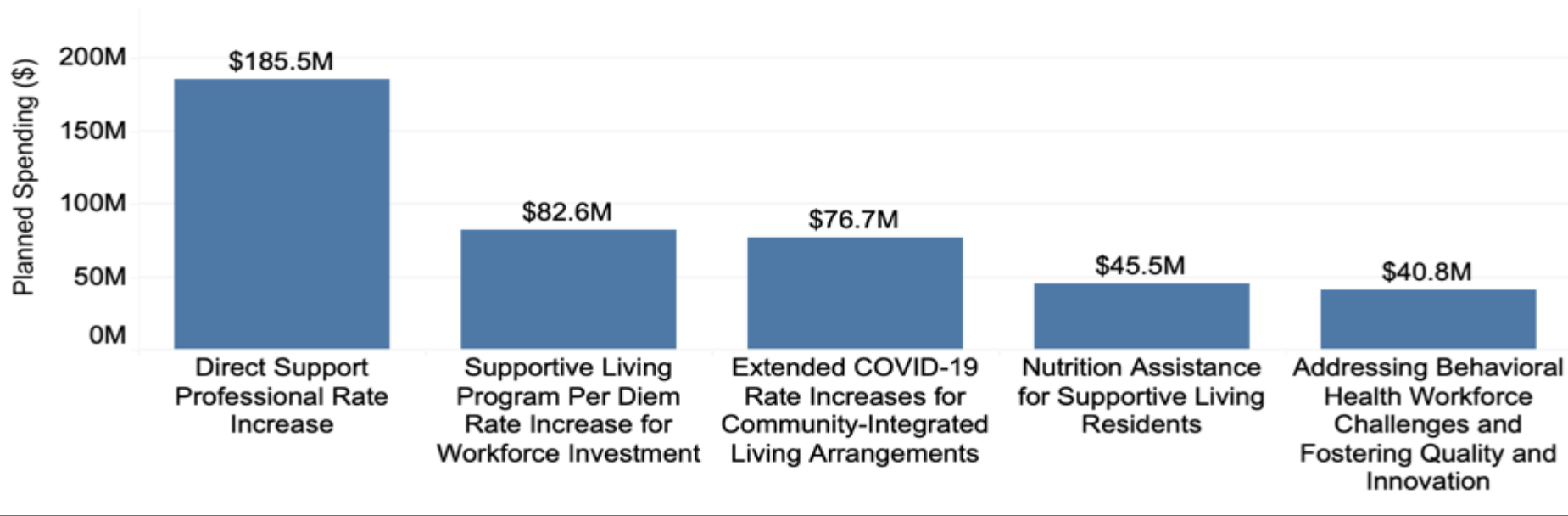


**\$616.1M**  
total planned  
**\$279.6M**  
total reported  
spending



**29**  
activities  
planned

**Top 5 Activities**  
*By Planned Spending*

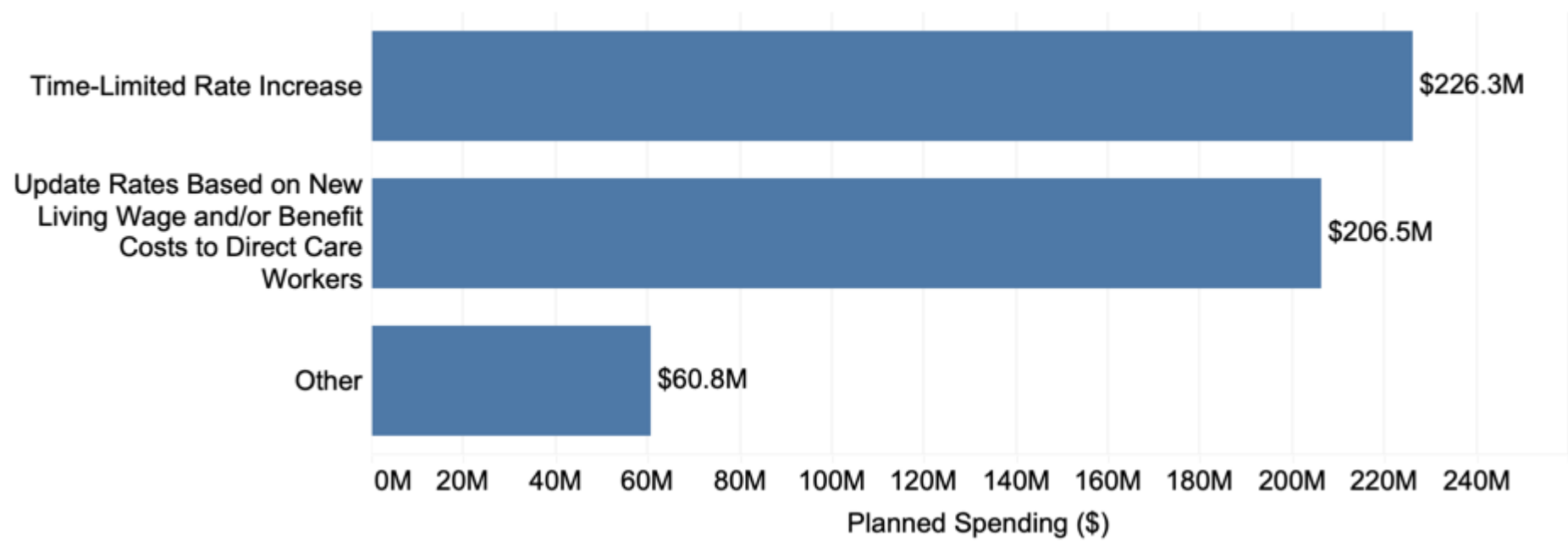


## Activity Highlights

**Division of Developmental Disabilities Direct Support Professionals Rate Increase:** Provide a rate increase of \$1.50 per hour in the residential and community day services rate methodologies in order to keep pace with both the statewide minimum wage as well as the City of Chicago minimum wage. The rate increase was effective January 1, 2022, and will be ongoing.

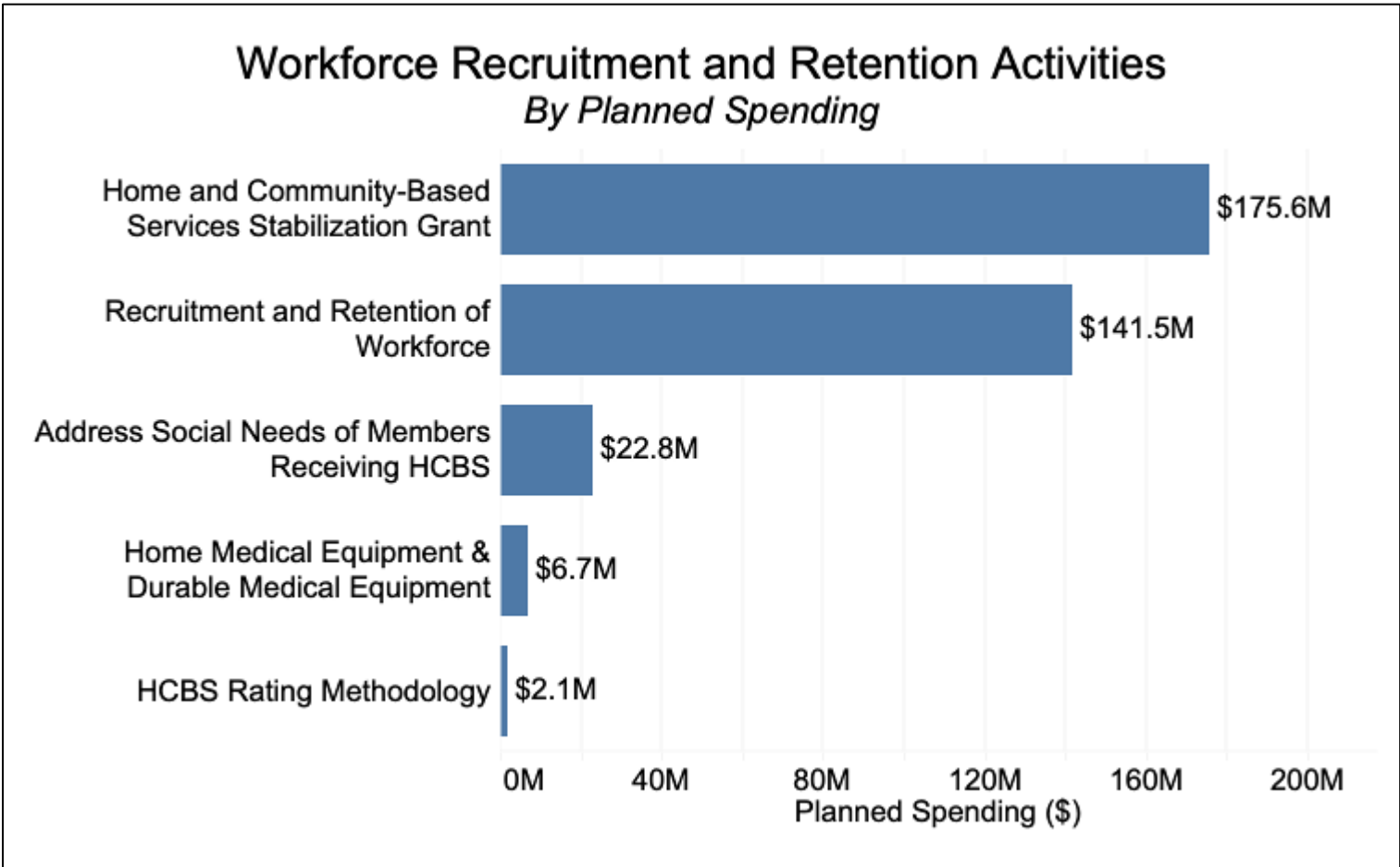
**Grants to Expand Services in Underserved Areas and Promote Underutilized Services:** Offer one-time grants targeted toward: opening community mental health centers or behavioral health clinics in underserved areas of the state; enhancing access to underutilized team-based services, such as community support team and assertive community treatment; launching other section 1915(i) services including therapeutic mentoring, respite, family peer support, housing supports, and supportive employment; and reimbursing provider costs for attending required trainings for providing behavioral health services.

**Workforce Recruitment and Retention Activities that Include Rate Updates**  
*By Planned Spending*



# American Rescue Plan Section 9817 State Spending Plan Summary

Indiana



## Activity Highlights

**PathWays for Aging Implementation Support:** Under the PathWays reform project, Indiana is improving long-term supports and services and transitioning them to a managed care model in 2024. In preparation for the transition, Indiana is proactively improving systems, establishing new policies and procedures, conducting rate setting, building an oversight program for operations and fiscal management, and purchasing licenses. Indiana is also working to streamline and enhance nursing facility level of care assessments.

**Develop a Crisis System and Support Implementation of 988:** Indiana is developing a robust crisis system predicated on the Crisis Now model as delineated in the SAMHSA National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit, which includes four core elements: high-tech crisis call centers with real time coordination, centrally deployed 24/7 mobile crisis teams, crisis receiving and stabilization programs, and essential crisis care principles and practices.



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# American Rescue Plan Section 9817 State Spending Plan Summary

Iowa

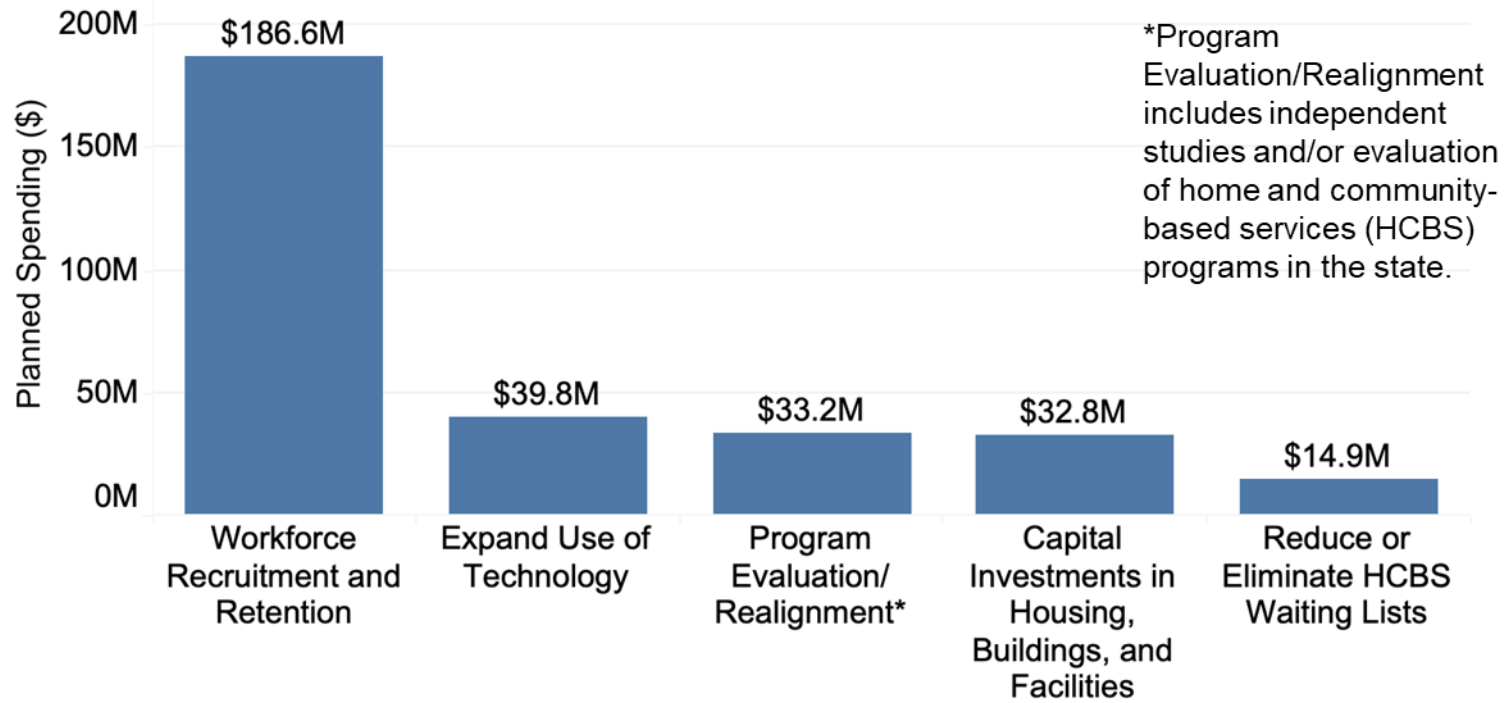


**\$279.6M**  
total planned  
**\$146.7M**  
total reported spending

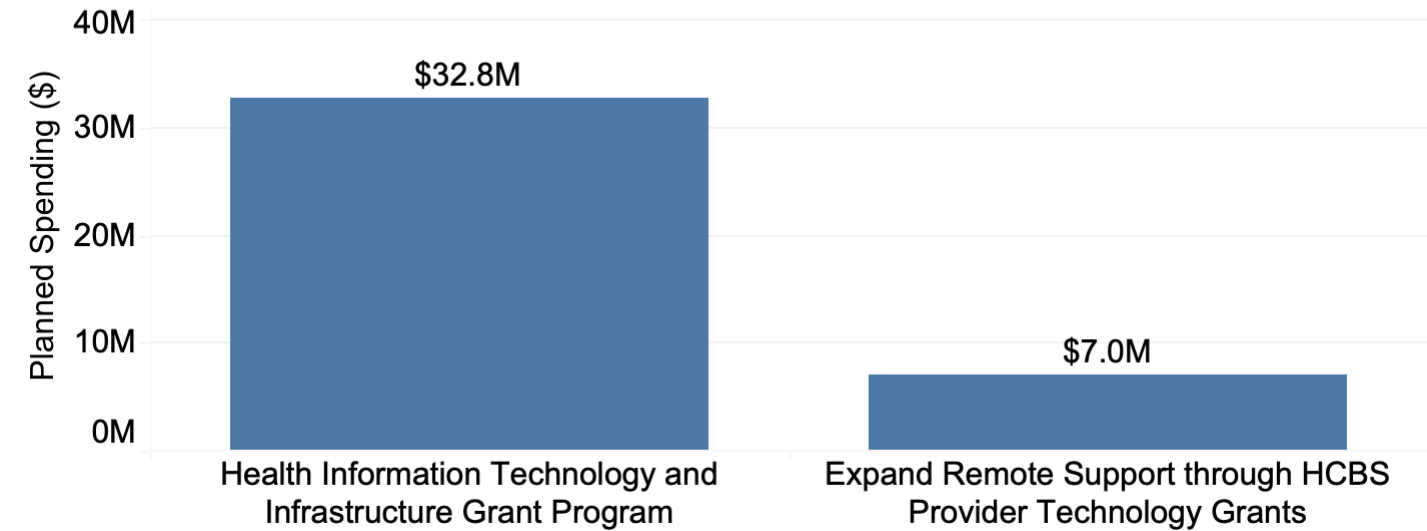


**11**  
activities planned

**Top 5 Areas**  
*By Planned Spending*



**Expanding Use of Technology Activities**  
*By Planned Spending*



## Activity Highlights

**Health Information Technology (IT) and Infrastructure Grant Program:** Provide grants for improving IT infrastructure. The movement of the HCBS system towards increased outcome monitoring and better continuity of care will take an investment in infrastructure for HCBS providers. Potential uses of grant funding related to health IT include the purchase of electronic health record (EHR) platforms, start-up costs to open an HCBS service line for new providers of high-priority services such as rehabilitation services, electronic service record software, and telehealth equipment and software. Additionally, potential grant funding can be used to improve infrastructure through the purchase of vehicles to transport providers and HCBS participants, and fund construction, renovation, or the purchase of homes to support the expansion of residential services for HCBS waiver and habilitation participants. Awards are estimated to range from \$30,000 to \$200,000.

**HCBS Employee Training Grant Program:** Provide grants that will allow qualified HCBS providers to fund employee training and scholarships for education and training in nursing, behavioral health, and other health care fields. Grant funds must be used to cover costs related to training and education that will enhance the quality of direct services provided and/or cover the costs related to a course of study that is expected to lead to career advancement with the provider or in the HCBS field. Iowa Medicaid distributed over \$3.6M in grant funds to 59 HCBS providers as of July 2023. Awards range from \$15,000 to \$100,000.

**One-Time Recruitment/Retention Provider Payments:** Cover costs related to direct support professional recruitment and retention incentive payments by awarding an estimated average of \$3,922 per full-time equivalent direct support professional to individual and agency providers. This project is considered completed, and Iowa Medicaid and managed care organizations distributed funds for 28,981 full time employees.



# American Rescue Plan Section 9817 State Spending Plan Summary

Kansas

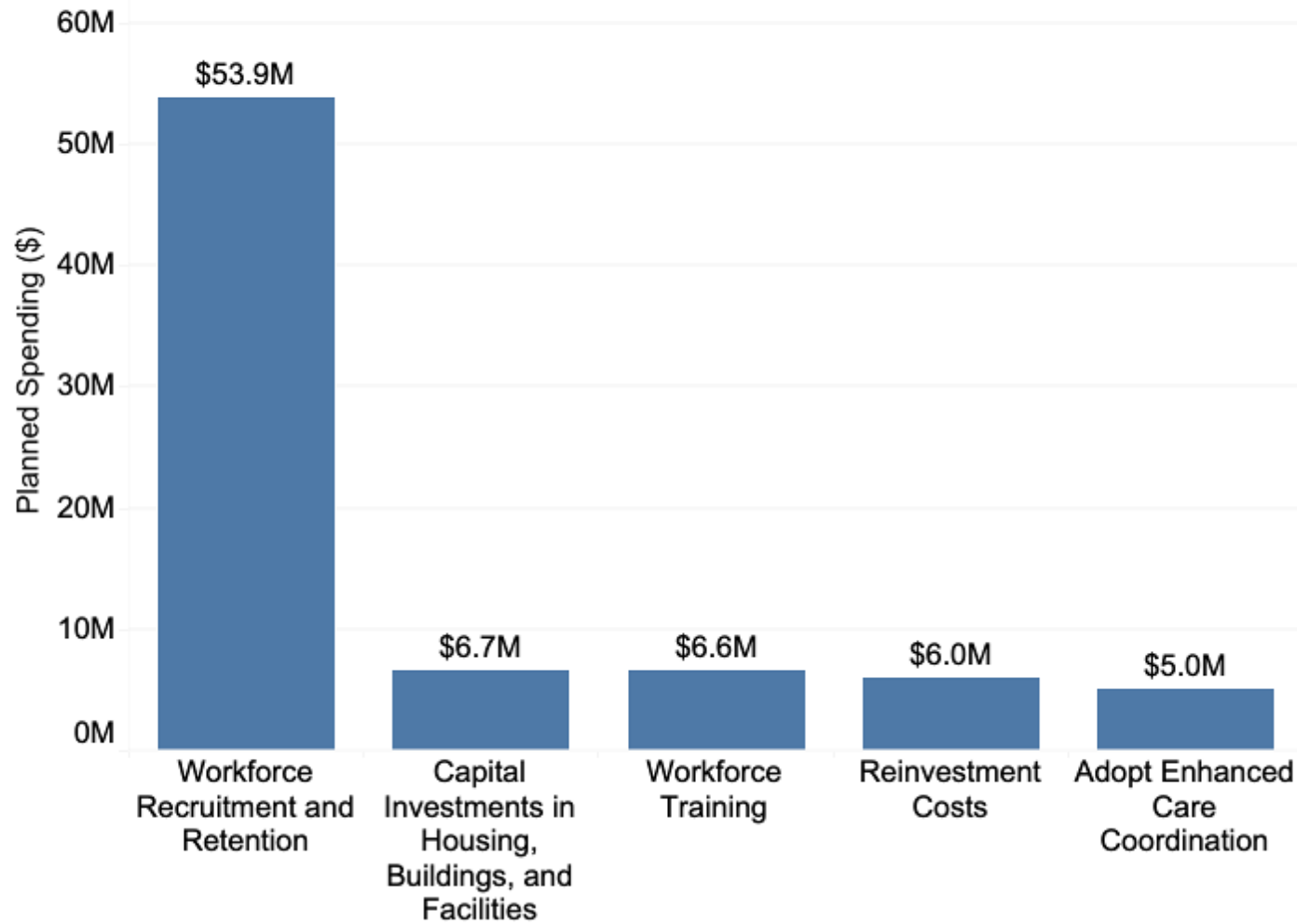


**\$94.9M**  
total planned  
**\$49.9M** total  
reported  
spending

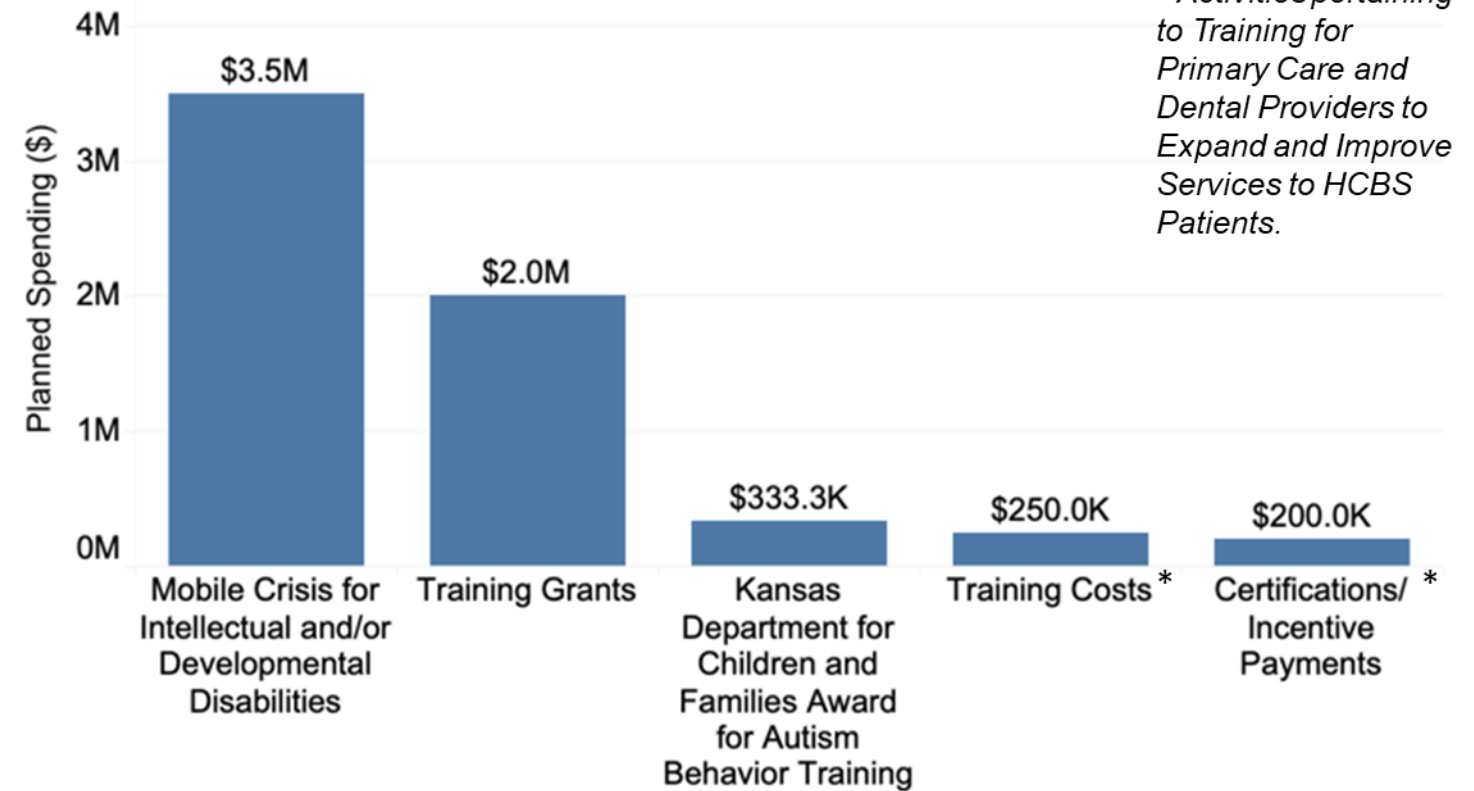


**35**  
activities  
planned

Top 5 Areas  
By Planned Spending



Top 5 Workforce Training Activities  
By Planned Spending



## Activity Highlights

**Settings Rule Remodeling Grants:** In an effort to maintain and expand HCBS service options in underserved areas, allocate \$5.2 million to offer one-time grants from \$50,000-\$100,000 to 50-100 providers that otherwise would not be able to make the modifications necessary to fully comply with the HCBS settings rule and continue to provide HCBS.

**Workforce Retention Bonus Program:** Target recruitment, retention, and training of providers of direct, hands-on agency-directed or self-directed personal care services through section 1915(c) waivers. The initiative investment includes a \$2,000 retention bonus or \$1,500 recruitment bonus per worker with approximately 24,000 direct service workers in Kansas. This is equivalent to a \$1 per hour wage increase for a year.

# American Rescue Plan Section 9817 State Spending Plan Summary

## Kentucky

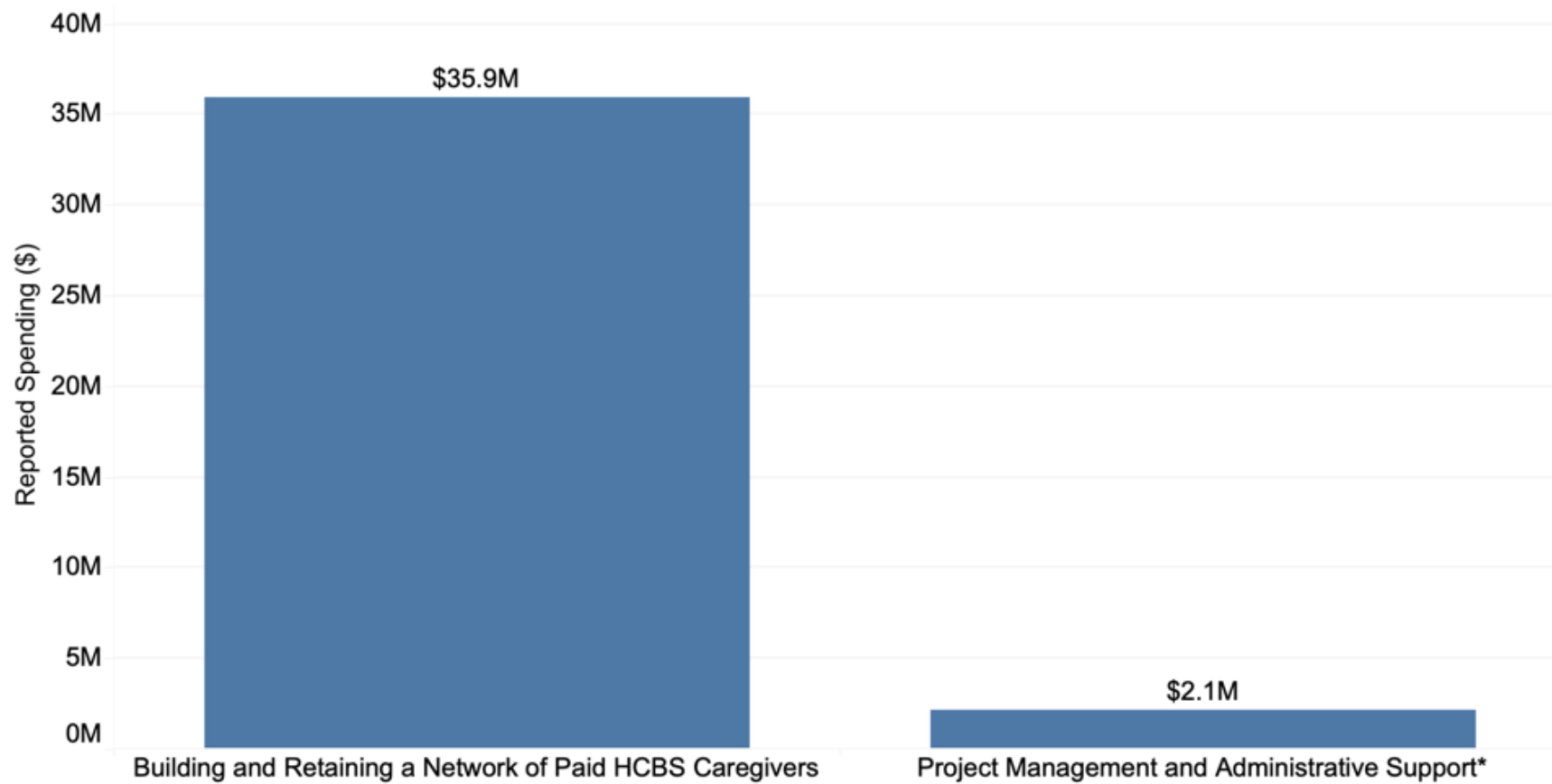


**\$108.5M**  
total planned  
**\$38.1M** total  
reported  
spending



**2**  
activities  
planned

**All Activities**  
*By Reported Spending*



*\*Project Management and Administrative Support is funding for a consulting firm to provide project management office support including work plan development and oversight for initiatives. This entails ongoing support of the rate study effort.*

### Activity Highlights

**Building and Retaining a Network of Paid HCBS Caregivers:** Support a series of provider rate increases. The initial rate increases include:

- A 50% rate increase for residential services for the Supports for Community Living (SCL) and Acute Brain Injury (ABI) waivers in FY 2022-2023; and
- A 10% rate increase for all services in the following waivers: ABI, ABI Long-Term Care, Home and Community-Based, SCL, and Michelle P. Waiver (excluding residential habilitation services included above) in FY 2022 – 2023 followed by an additional 10% rate increase in FY 2023 – 2024.

Following completion of a rate study, the Department of Medicaid Services will implement long-term rate changes.

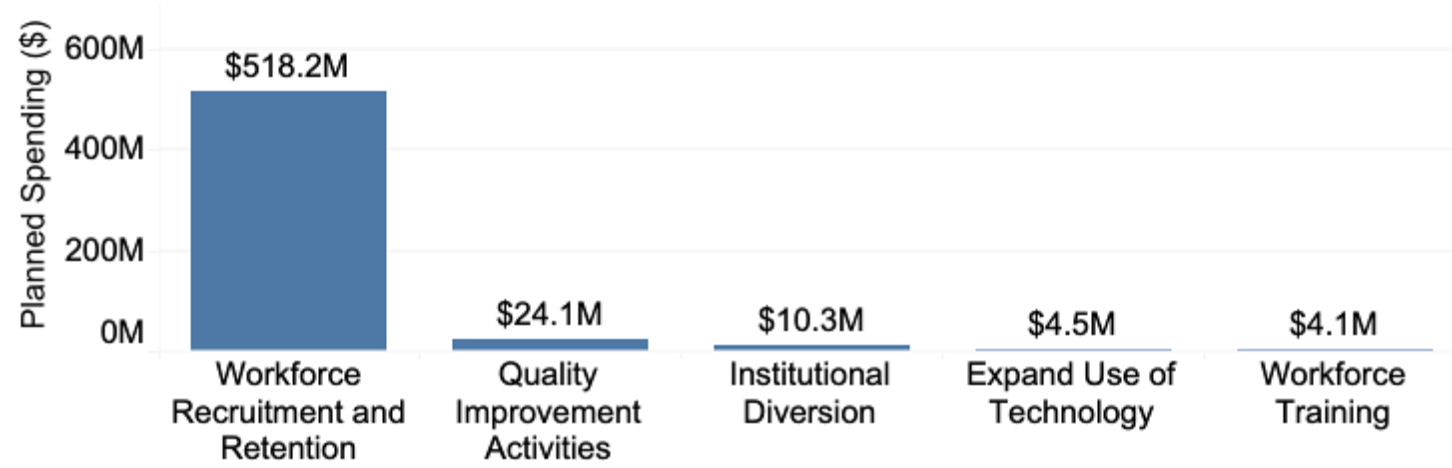
# American Rescue Plan Section 9817 State Spending Plan Summary

Louisiana

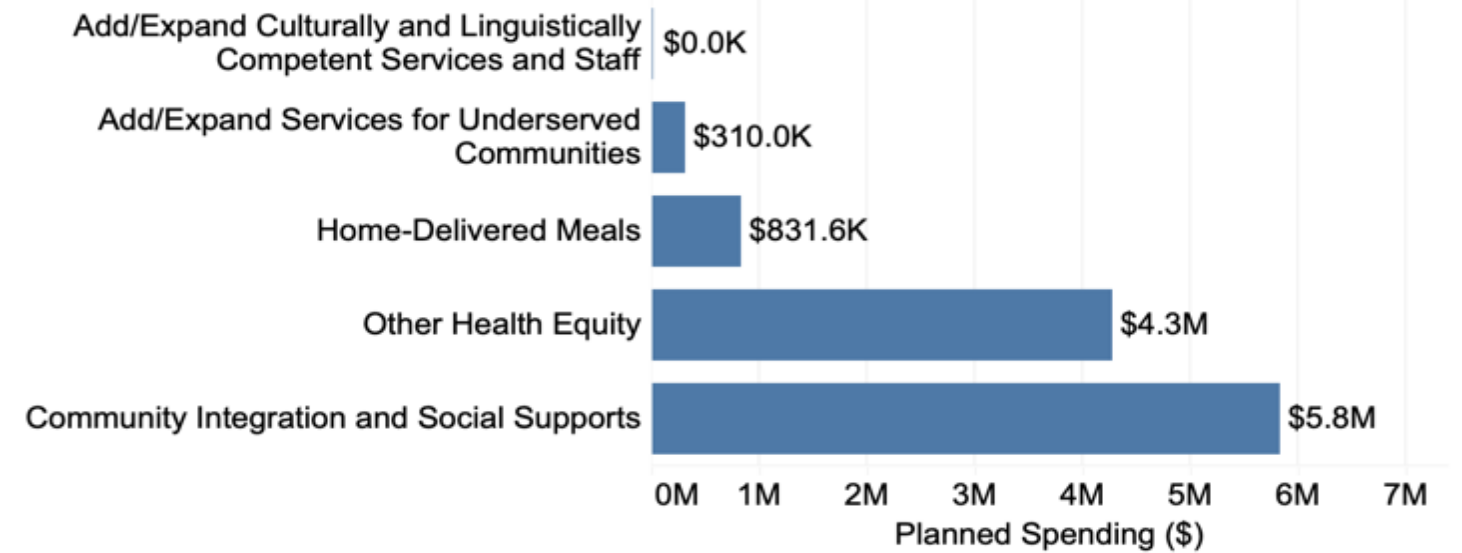
\$562.6M total planned  
\$179.4K total reported spending

32 activities planned

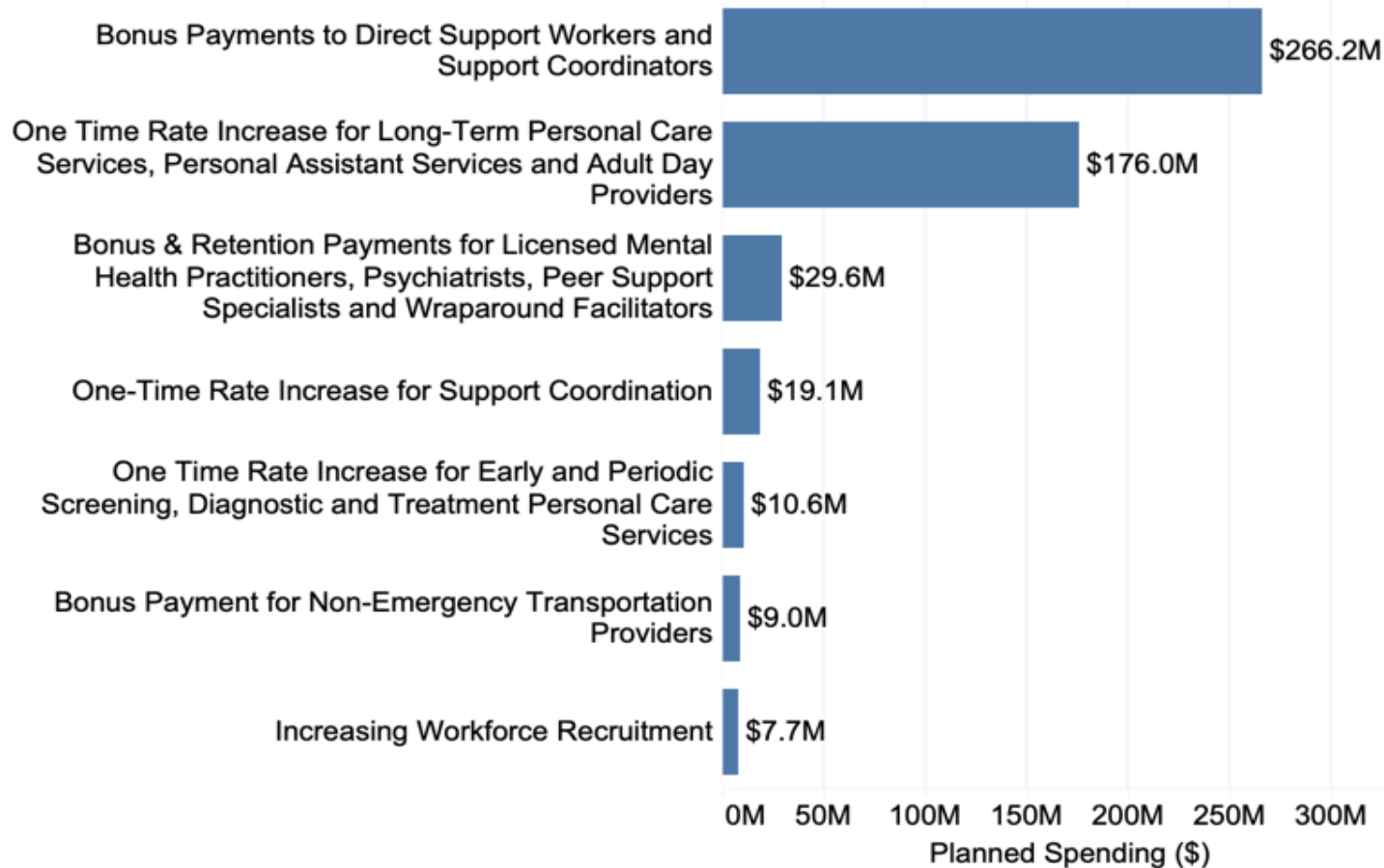
Top 5 Areas  
By Planned Spending



Social Determinants of Health Planned Spending  
By Type of Issue



Workforce Recruitment and Retention Activities  
By Planned Spending



## Activity Highlights

**Enhance the Program of All-Inclusive Care for the Elderly (PACE):** Increase the maximum capacity for currently operating PACE centers by 10 per site per year through 2024. Add, at a minimum, one PACE center in an area of the state that is currently not served by PACE.

**Systematic, Therapeutic, Assessment, Resources and Treatment (START) Model Assessment and Pilot for Persons with Co-Occurring Intellectual/ Developmental Disabilities and Behavior Support Needs:** Implement nationally recognized best practice model, which includes an initial comprehensive assessment from the START team to help determine the best method to implement services to support people with intellectual/developmental disabilities and complex behavior support needs. This activity will also involve implementation of a pilot project for crisis therapeutic respite, which will serve as a temporary placement and stabilization location for persons in crisis.



# American Rescue Plan Section 9817 State Spending Plan Summary

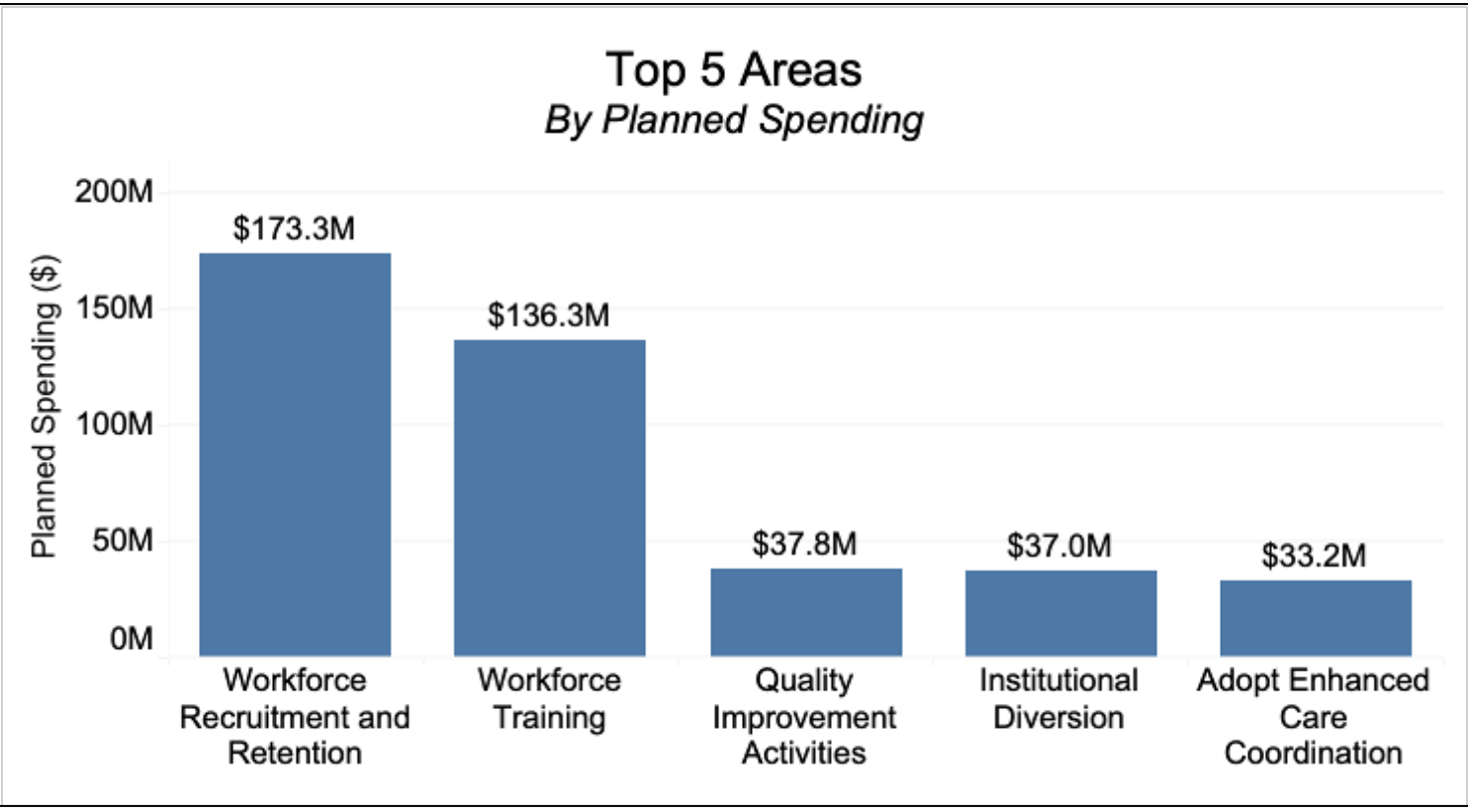
Maine



**\$248.8M**  
total planned  
**\$138.2M**  
total reported  
spending



**22**  
activities  
planned

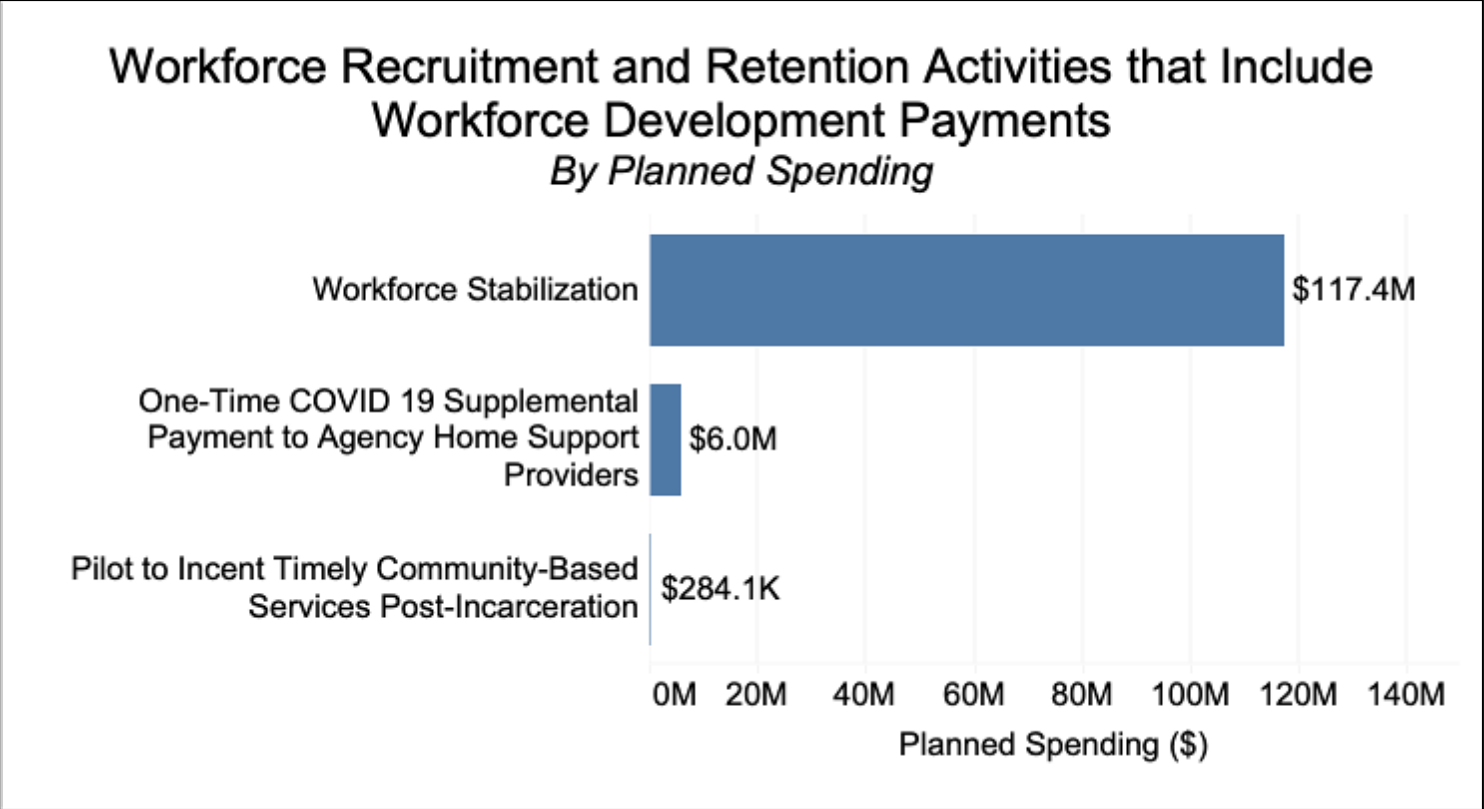


### Activity Highlights

**Workforce Stabilization:** Provided bonuses in 2022 to direct support workers working in home and community-based services (HCBS) programs funded by Medicaid. Existing workers received retention bonuses recognizing their service, and new workers were offered recruitment bonuses as a hiring incentive. Payments were made to HCBS provider agencies as a percentage of their HCBS revenues in a base period. Each agency had flexibility to determine the size and frequency of bonuses and was required to adopt an agency bonus policy and share it with their workers. Participating providers agreed to the initiative's guidelines and to submit reports to the Department of Health and Human Services. Data reported by agencies suggest the bonuses helped stabilize the HCBS workforce in the wake of the COVID-19 pandemic.

**Innovation Pilots:** Focus on one or more requests for proposal calling for pilot projects for HCBS participants in the following areas: expanding access to independence-enhancing technologies such as remote monitoring and medication management; innovative living arrangements that reduce the amount of on-site staffing needed; peer support models; improved transitions across the lifespan; service models that enable individuals in out-of-state placements to return to Maine; and services that more deeply integrate people into their communities.

**Crisis Services Enhancements:** Add crisis stabilization units and expand substance use disorder treatment capacity in the state's crisis services for adults with behavioral health needs. These enhancements complemented the implementation of a three-digit mental health crisis line (988) in 2022 to divert individuals from emergency departments and prevent avoidable interaction with law enforcement. The initiative includes comprehensive wellness work, a public health media campaign, behavioral health support lines, and expansion of community health workers.



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# American Rescue Plan Section 9817 State Spending Plan Summary

Maryland

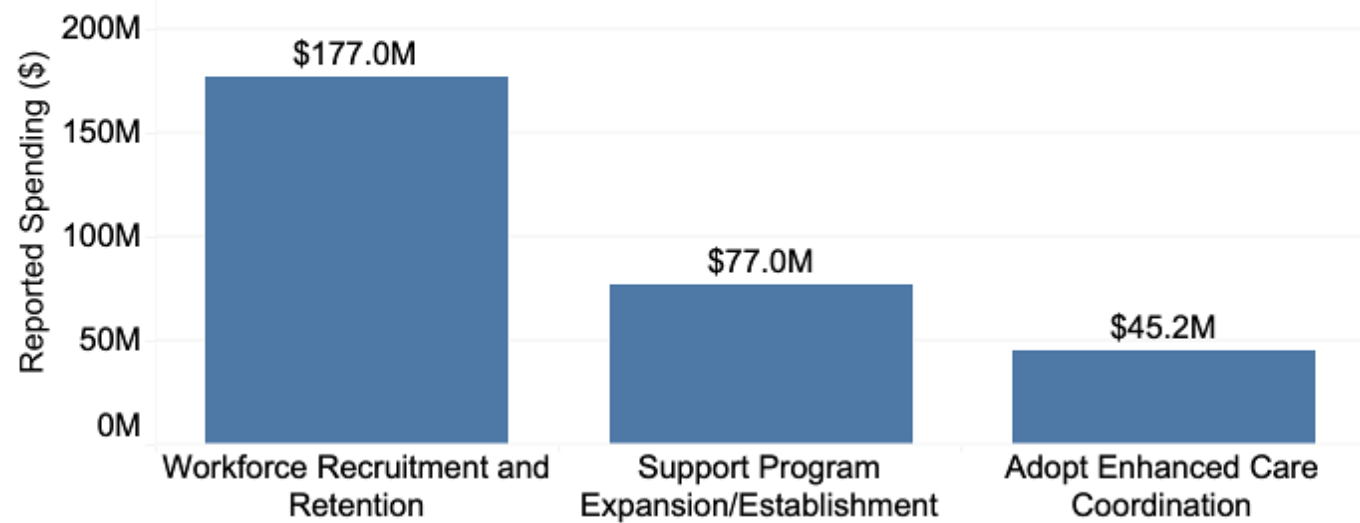


**\$177M**  
total planned  
**\$177M**  
total reported  
spending



**3**  
activities  
planned

**All Areas**  
*By Reported Spending*



## Activity Highlights

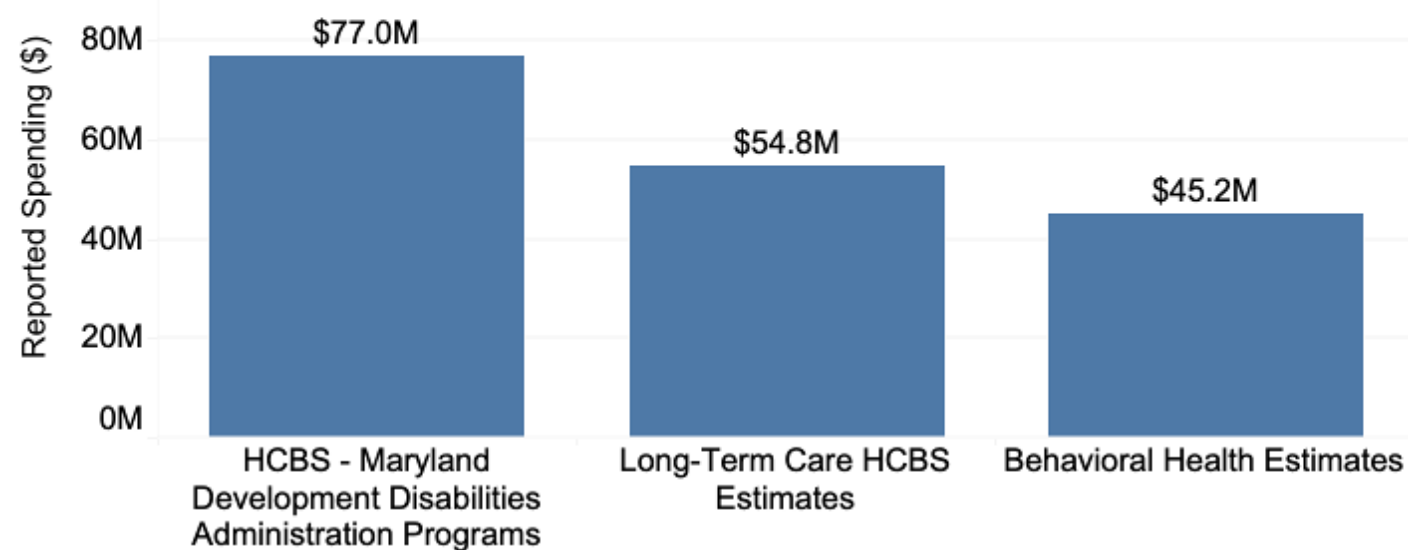
### Development Disabilities Administration (DDA) Programs:

- Provide a retroactive 5.5% rate increase to assist providers recovering from the economic devastation of the COVID-19 pandemic, as well as the resulting challenge of direct support professional recruitment.
- Provide grant funding to DDA licensed providers and other qualified nonprofit community organizations to support and enhance home and community-based services (HCBS). Funded projects demonstrate at least one of the four outcomes: advancing innovation to develop or expand ways to support people with developmental disabilities, supporting systems transformation, enhancing independence and inclusive opportunities for people with developmental disabilities, and developing resources and infrastructure that strengthen the delivery of services.
- Implemented a temporary emergency 10% rate increase for DDA providers effective for one quarter of fiscal year 2022, January 1, 2022 through March 31, 2022.
- Implemented a one time 10% emergency rate increase for Targeted Case Management.

### Long-Term Care Home and Community-Based Services (HCBS) Estimates:

- Provided a one-time rate increase of approximately 5.2% (or \$128.4 million) to HCBS programs through March 2024.
- Provided a temporary rate increase for long-term care HCBS between July 1, 2022, and June 30, 2023, of approximately 4% (or \$32.1 million).

**Workforce Recruitment and Retention Activities**  
*By Reported Spending*



# American Rescue Plan Section 9817 State Spending Plan Summary

Massachusetts

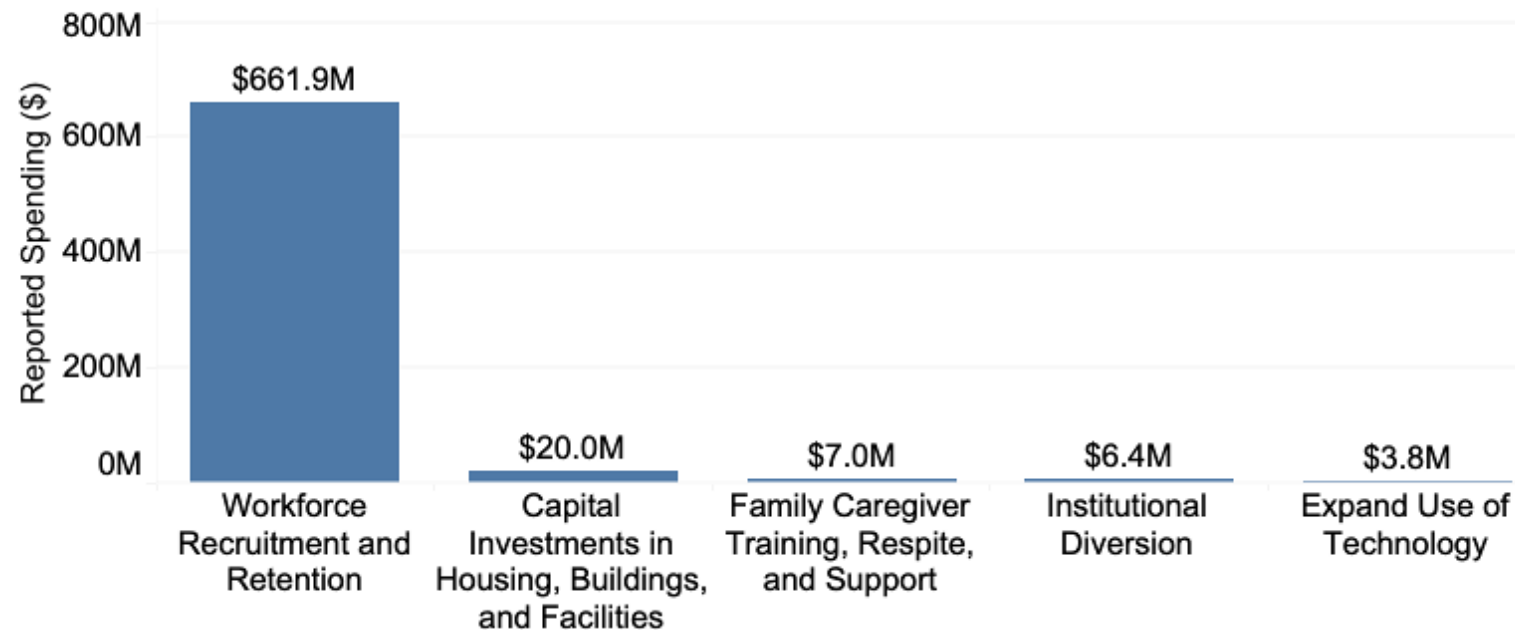


**\$1.1B**  
total planned  
**\$681.4M**  
total reported  
spending



**71**  
activities  
planned

**Top 5 Areas  
By Reported Spending**



## Activity Highlights

**Respite and Resources for Families and Natural Supports:** Expand existing respite programs through enhancements to caregiver stipend programs, increase capacity at day programs, and develop new programs including weekend drop-in centers and other respite care settings.

**Workforce Innovation and Technical Assistance Grant Program:** Establish stability in the HCBS workforce and provide a diverse avenue for proof-of-concept initiatives, through a two-year \$25 million grant program. Provider organizations supporting the Executive Office of Health and Human Services HCBS programs will be eligible to apply for the grants. Examples of initiatives that could be funded include training programs; recruitment/retention bonuses; payment of application, licensing, or testing fees; creative transportation assistance or education compensation programs; in-field supervisory support; and career path development, including loan repayment. Grant funding will also be leveraged to establish a longer-term strategic framework for the most promising approaches to support workforce and family/natural caregivers.

**Social Determinants of Health Planned Spending  
By Type of Issue**

Type of Issue	Total Planned Spend (\$M)
Housing-Related Services and Supports	\$71.1M
Add/Expand Services for Underserved Communities	\$10.3M
Non-Medical Transportation	\$2.7M
Standardize Data Element Collection	\$1.9M
Add/Expand Culturally and Linguistically Competent Services and Staff	\$1.8M
Community Integration and Social Supports	\$1.3M



# American Rescue Plan Section 9817 State Spending Plan Summary

Michigan

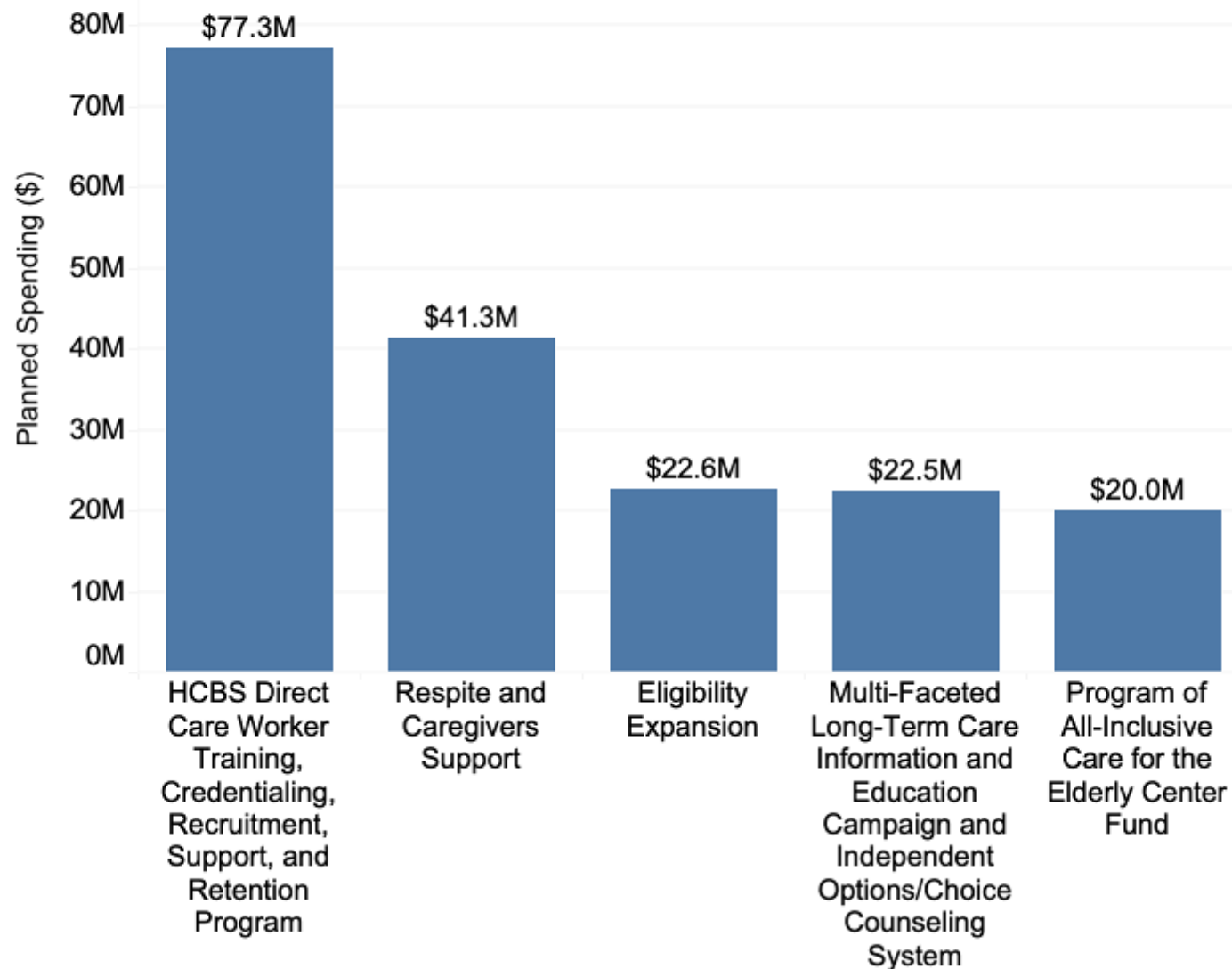


\$184.7M total planned  
\$3,833 total reported spending



7 activities planned

Top 5 Activities  
By Planned Spending



## Activity Highlights

**Multi-faceted Long-Term Care Information and Education Campaign and Independent Options/Choice Counseling System:** Assist individuals to better understand and navigate home and community-based services (HCBS) options through informational trainings, videos, print resources, and a website developed to promote HCBS and long-term care literacy and planning (including community mental health services). These videos and materials will be specific to HCBS and will assist individuals in making educated decisions about their care, as well as provide tools to assist in navigating the systems within HCBS. Materials and videos will be culturally competent, developed and available in accessible formats, including multiple languages, and Americans with Disabilities Act-compliant. Additionally, this proposal will create a statewide Independent Choice Counseling system which will serve individuals of all ages, elevate the current array of services into a no wrong door approach, and will build upon the current resources and expertise in the system.

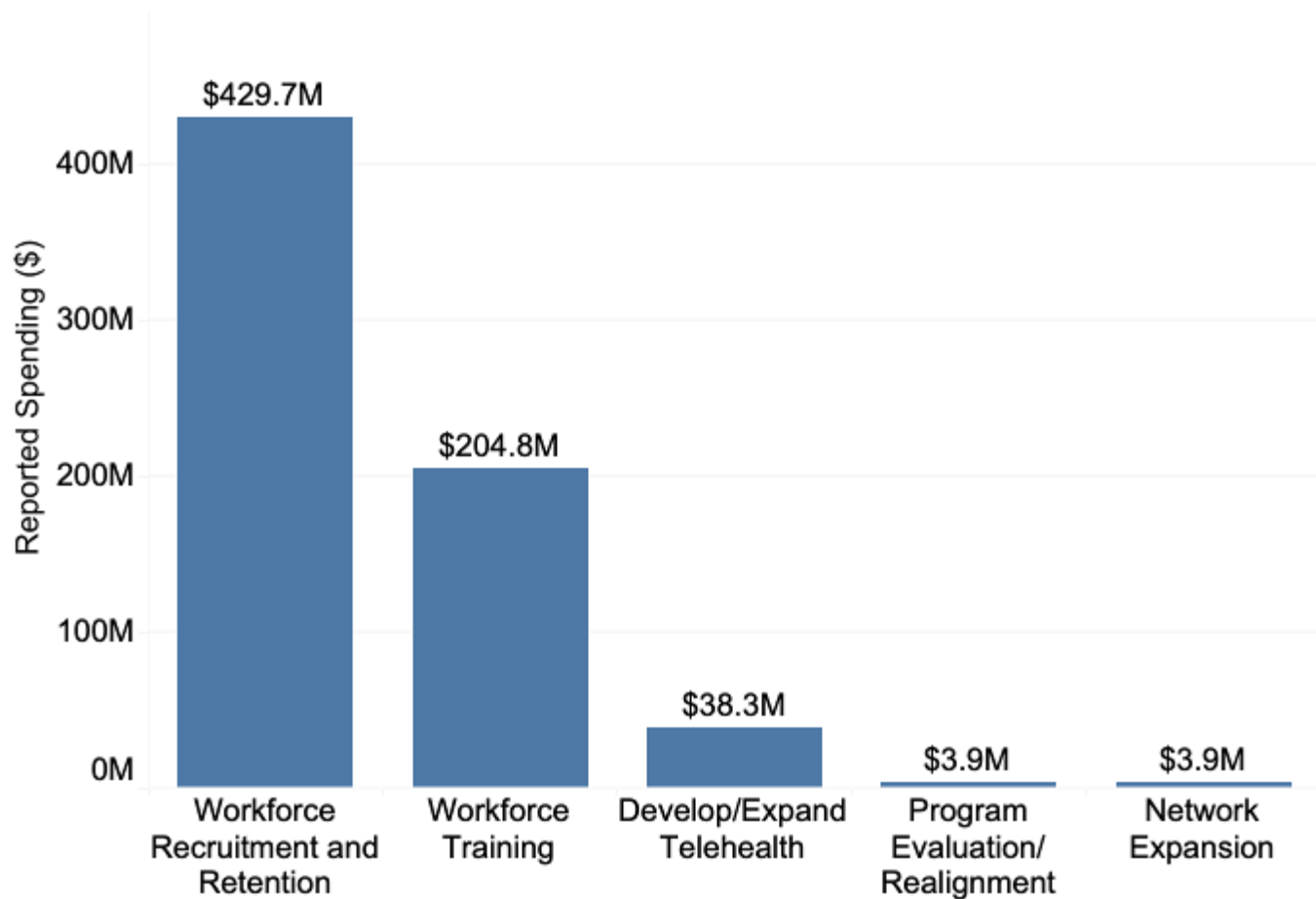
**HCBS Direct Care Worker (DCW) Training, Credentialing, Recruitment, Support, and Retention Program:** Develop a comprehensive DCW training and credentialing program to improve DCW recruitment and retention. The DCW training program proposes a training curriculum that would have three DCW training tiers plus introductory, specialized, and train-the-trainer trainings. In addition, this activity includes a worker retention and supportive technology fund to: 1) fund supportive technologies to allow beneficiaries to receive basic services in a remote fashion; and 2) assist providers with developing other DCW supports, such as bonuses for agency quality measures, training, referral and retention bonuses, tuition assistance, childcare and transportation support, and other incentives.

# American Rescue Plan Section 9817 State Spending Plan Summary

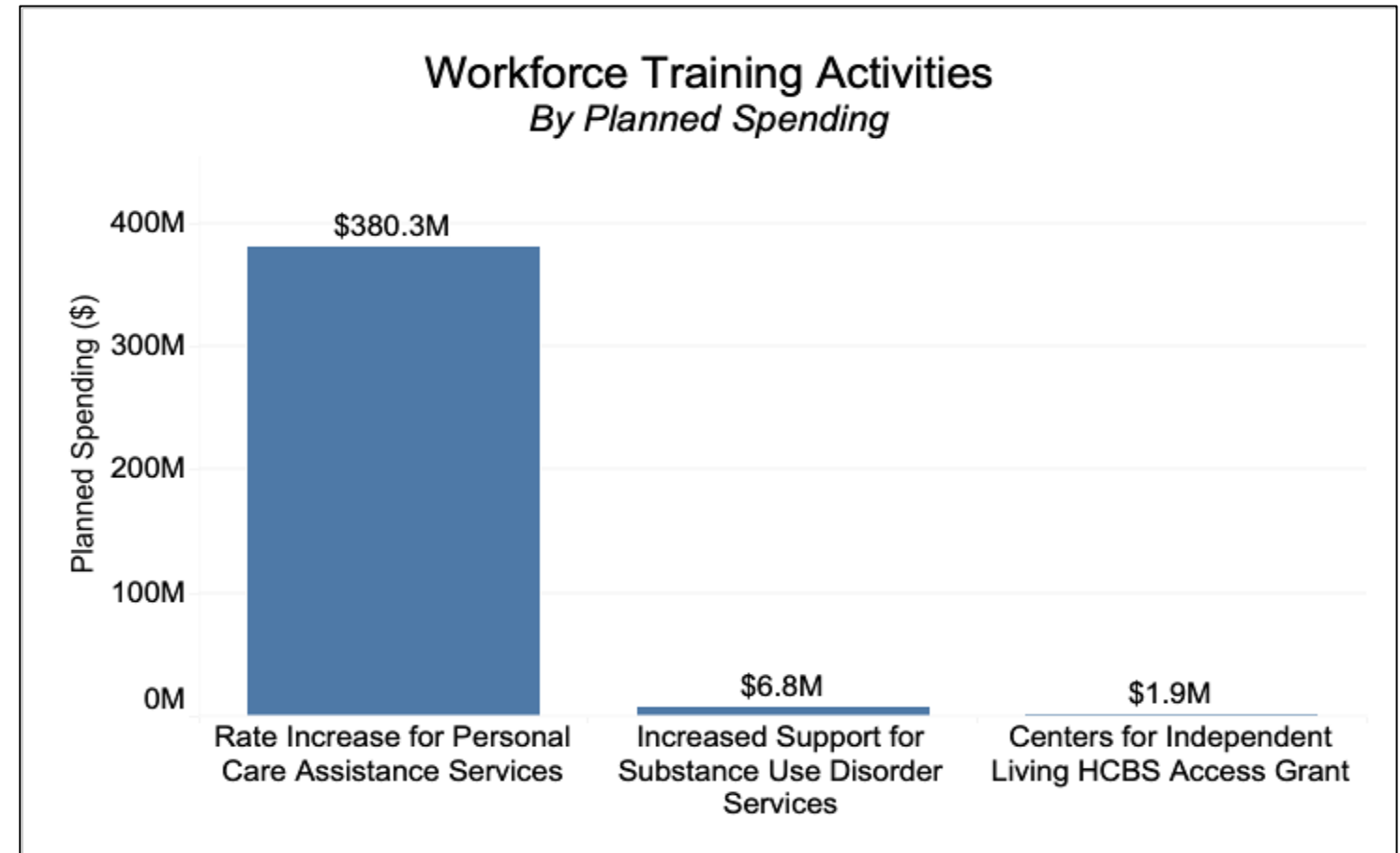
Minnesota



Top 5 Areas  
By Reported Spending



Workforce Training Activities  
By Planned Spending



## Activity Highlights

**Expansion of Telehealth Services:** Expand the availability and use of telehealth to deliver home and community-based services, including the use of audio-only services. It also includes a study on the impact of telehealth on service access, quality, and fiscal policy that was submitted to the state legislature in 2023 to inform future policy development.

**Housing Stabilization Services, Community Living Infrastructure (CLI), and Housing Transitional Costs:** Strengthen access to housing stabilization services under the state's Medical Assistance (MA) program through the following: 1) a temporary MA benefit will be added to fund transitional costs (deposits, furnishings, etc.) for people receiving housing stabilization services under the state plan who do not have other funding sources for these costs; 2) state grant funding through the CLI grant program will be provided to counties and tribal nations to integrate housing into their human services work and assist people with disabilities who are homeless or have housing instability to obtain and maintain housing; and 3) additional CLI funding will be provided for expungement assistance to help people overcome barriers to attaining their own housing. Room and board costs will not be covered as part of this activity.

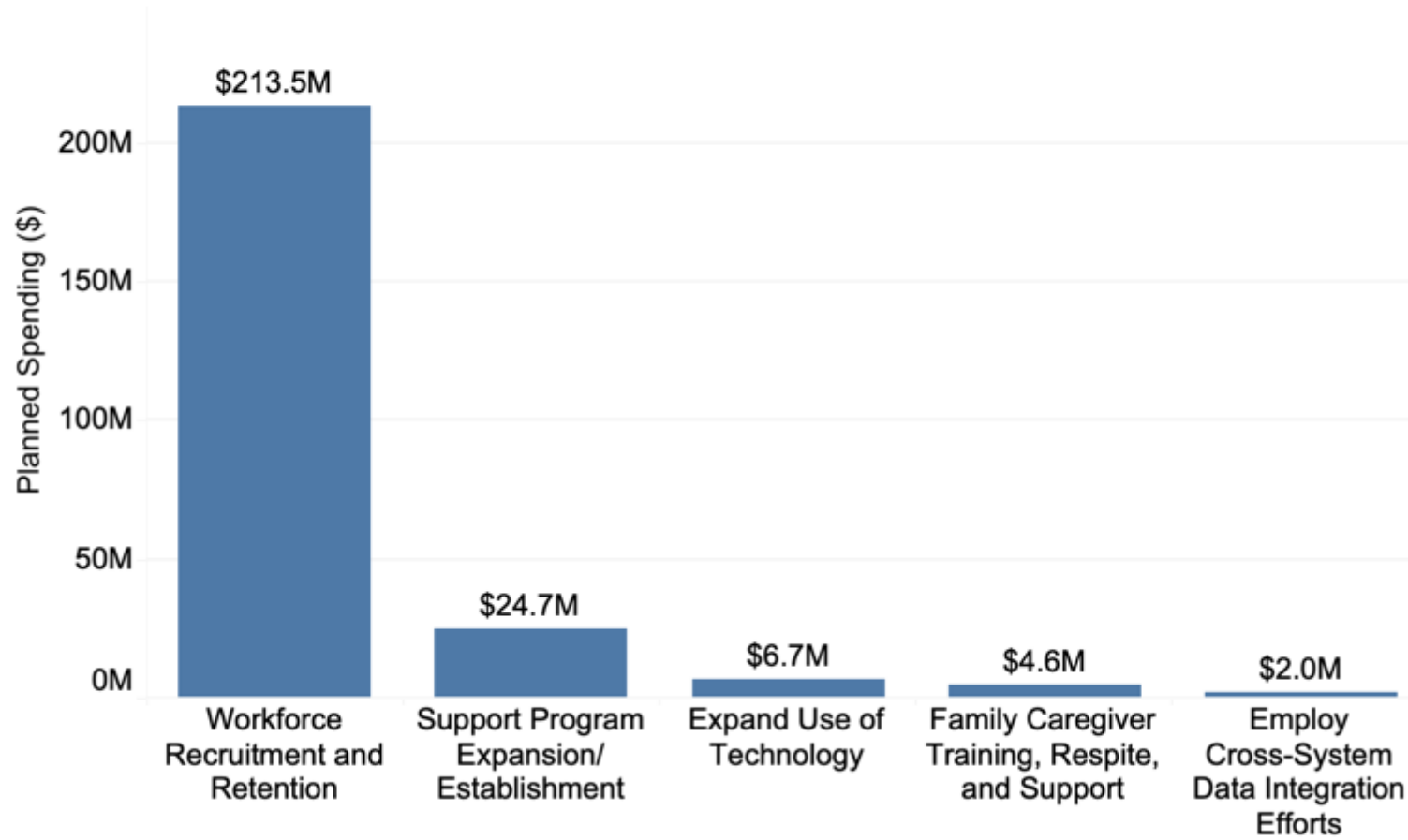
# American Rescue Plan Section 9817 State Spending Plan Summary

## Mississippi

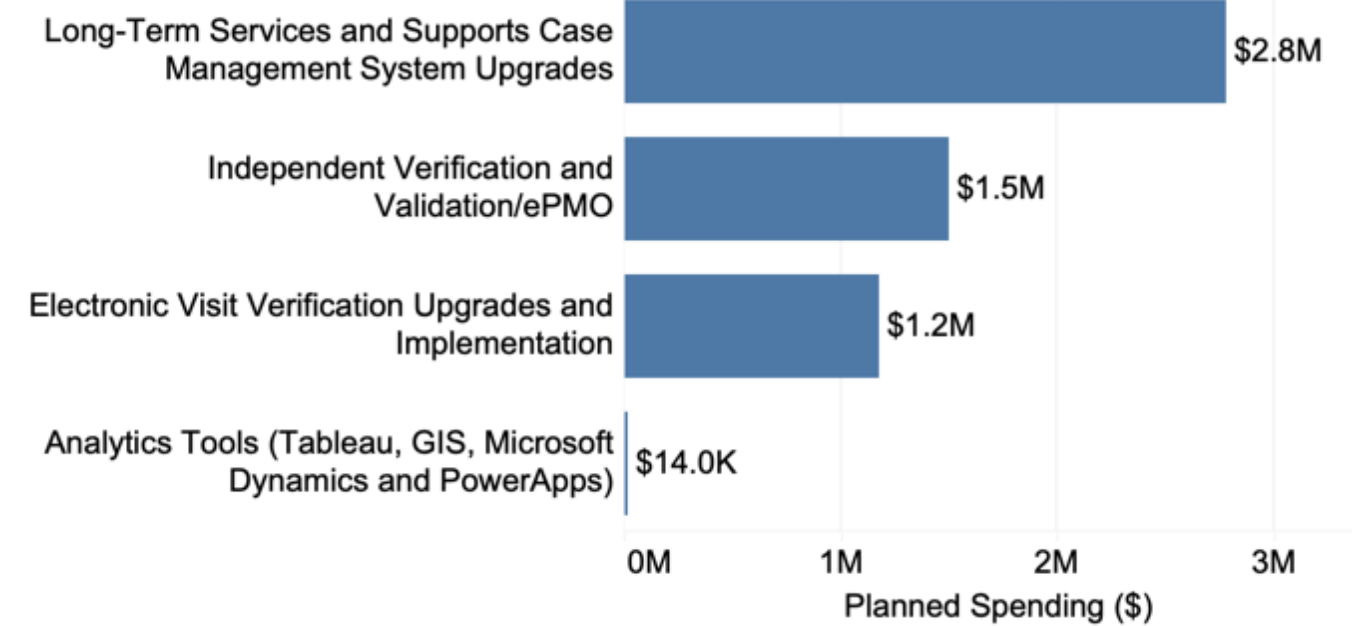
\$252.1M total planned  
\$18.6M total reported spending

49 activities planned

Top 5 Areas By Planned Spending



Expanding Use of Technology Activities By Planned Spending



## Activity Highlights

**Direct Care Workforce Study:** Beginning in January 2023, launched a partnership with the Mississippi State University National Strategic Planning & Analysis Research Center (NSPARC) to complete a comprehensive direct care workforce study. This analysis, which includes a robust provider survey, will provide insight to inform assumptions for updated rate studies across provider types and support discussions regarding other workforce development initiatives.

**HCBS Direct Care Workforce Supplemental Payment:** Make an HCBS Direct Care Workforce Supplemental Payment targeted towards providers employing direct care workers rendering services to 1915(c) waiver participants. This one-time supplemental payment is based on 5% of reimbursement from 4/1/2020-3/31/2021. Providers are required to attest that they will utilize 75% of the payment towards recruitment and retention bonuses.

**Electronic Visit Verification Upgrades and Implementation:** Upgrade the state's electronic visit verification solution to support changes in HCBS and the home health implementations required under the 21st Century Cures Act.



# American Rescue Plan Section 9817 State Spending Plan Summary

Missouri

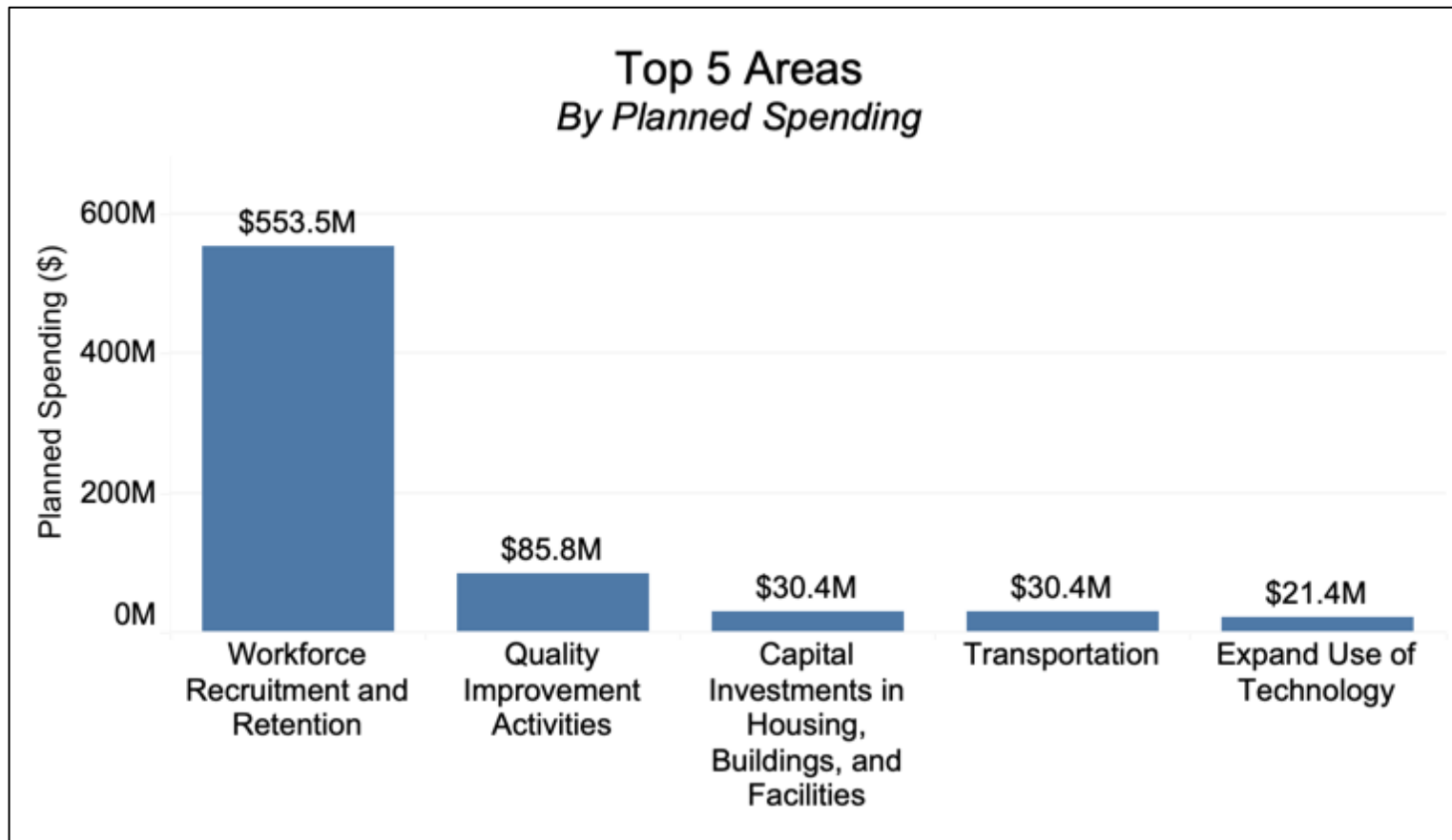


**\$709.3M**  
total planned  
**\$499.5M**  
total  
reported  
spending



**45**  
activities  
planned

Top 5 Areas  
By Planned Spending



Workforce Training Activities  
By Planned Spending

Activity Title from the Spending Plan	Total Planned Spend (\$)
Miscellaneous Trainings	\$700.0K
Dialectical Behavior Therapy Learning Collaborative	\$270.0K
Reassessment Learning Module System	\$180.0K
Direct Support Professionals Training Levels	\$109.2K
Direct Support Professionals Training Modules Development	\$94.6K
Health Risk Screen Tool Implementation Training	\$82.1K
Risk Mitigation*	\$4.4K

## Activity Highlights

**Direct Service Professional (DSP) Apprenticeship Program:** Develop career paths to support education and training of DSPs. This consists of creating certification(s) that DSPs could build upon to achieve further health professional opportunities. The state will expand the current capacity of the DSP Apprenticeship Program as well as implement incentive payments for providers who hire a DSP Apprentice from the talent pipeline.

**Quality Reassessment Initiative:** Expand reassessment partnerships by providing targeted enhanced administrative rates for reassessments performed. This proposal would increase certain administrative rates with an optional quality bonus payment for assessors that consistently meet specified quality standards. The state has already implemented a quality review and assurance unit to oversee administrative oversight of this proposal.

**Health Risk Screening Implementation Training and Incentive Payment:** Implement the Health Risk Screen Tool in conjunction with intellectual and developmental disabilities waivers and provide incentive payments to providers for each initial client screened for health risk and destabilization using the tool.

\*Risk Mitigation activity is for development of training and implementation design on Risk Mitigation and Effective Plan Implementation, and Individual Rights, Dignity of Risk and Effective Plan Implementation.

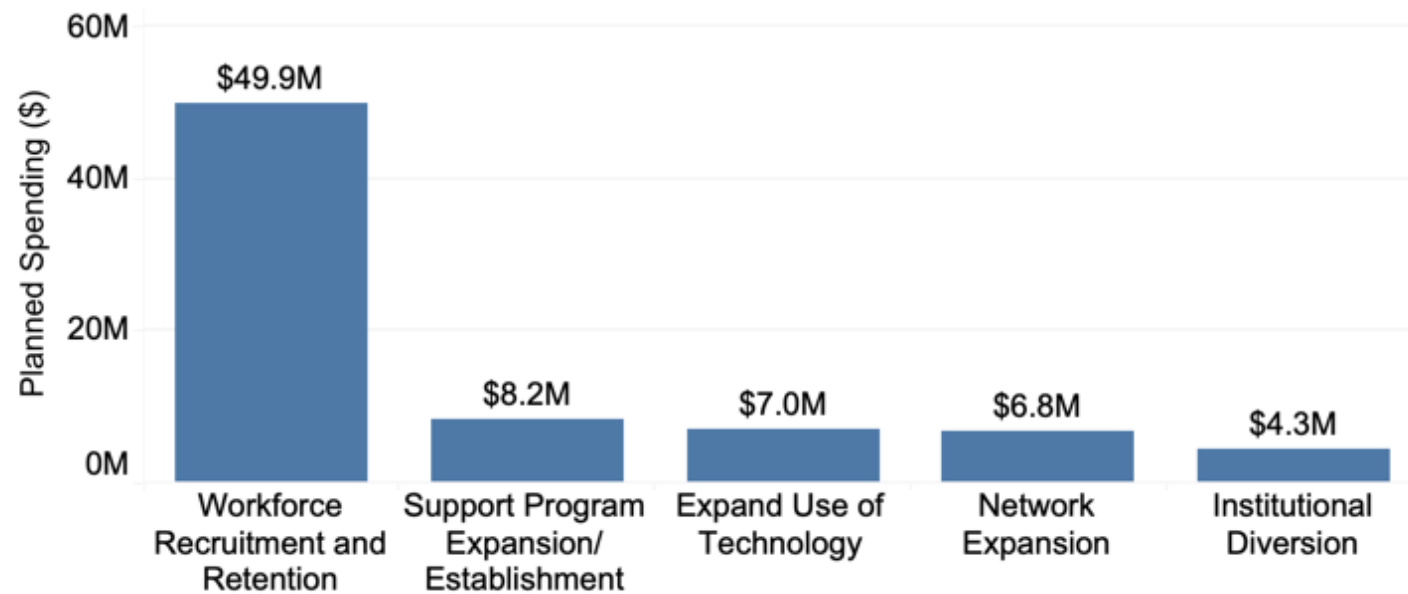
# American Rescue Plan Section 9817 State Spending Plan Summary

## Montana

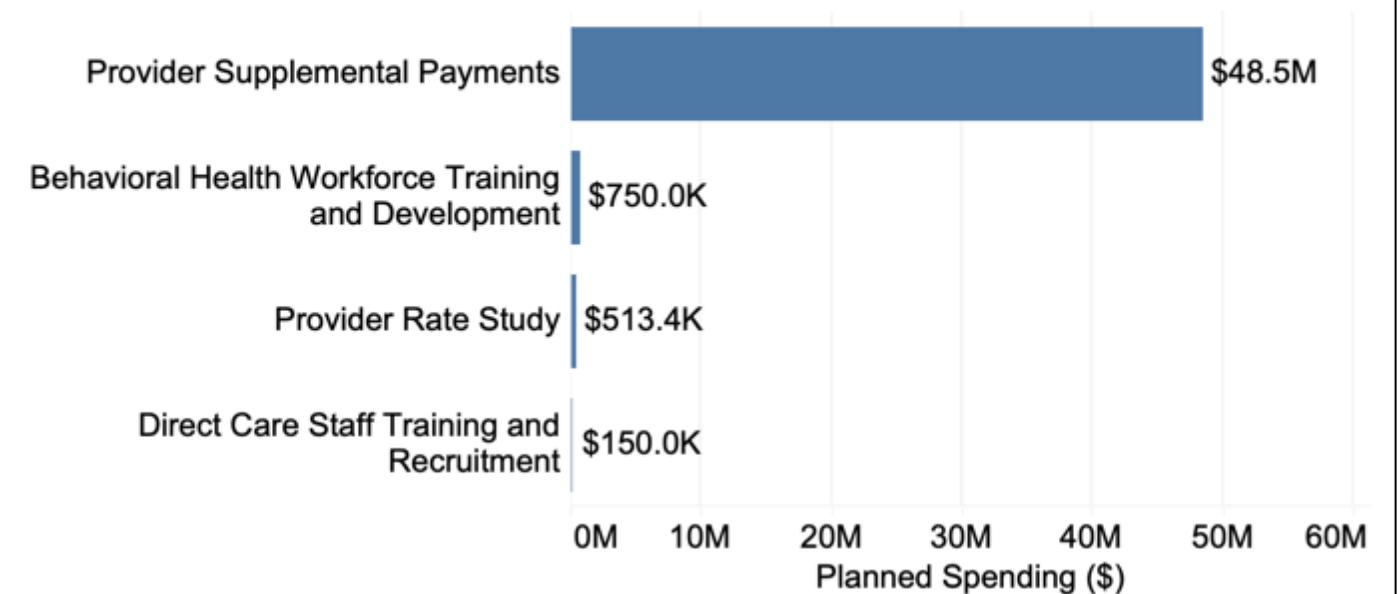
**\$77.3M**  
total planned  
**\$48.7M**  
total reported  
spending

**19**  
activities  
planned

**Top 5 Areas**  
*By Planned Spending*



**Workforce Recruitment and Retention Activities**  
*By Planned Spending*



## Activity Highlights

**Provider Supplemental Payments:** Issue payments to home and community-based services providers for 24 months. Providers receiving the supplemental payments will be expected to use the funds for service delivery and/or workforce recruitment and retention. Maximum supplemental payment starts at 15% from April 1, 2021 to September 30, 2021, 12% from October 1, 2021 to March 31, 2022, 8% from April 1, 2022 to September 30, 2022, and 4% from October 1, 2022 to March 31, 2023.

**Behavioral Health Workforce Training and Development:** Work with University of Montana's Center for Children, Families, and Workforce Development to create a training tool for mental health centers to use when training direct care staff and management and for objective qualitative review of services, along with online learning modules for each specific category of measurement for the tools. Additionally, develop training programs and marketing campaigns to support and recruit American Indians into the behavioral health workforce.

**Provider Rate Study:** Conduct a provider rate study to determine the impact of COVID-19 on provider rate sufficiency and member access.

**Direct Care Staff Training and Recruitment:** Utilize funds to develop Supplemental Nutrition Assistance Program (SNAP) Employment & Training educational/training materials and programs to demonstrate the long-term benefits and subsequent career options of being a direct care worker. Individuals hired would receive a \$1,000 bonus after 90 days of employment with an eligible home and community-based services firm receiving Medicaid dollars.

# American Rescue Plan Section 9817 State Spending Plan Summary

Nebraska

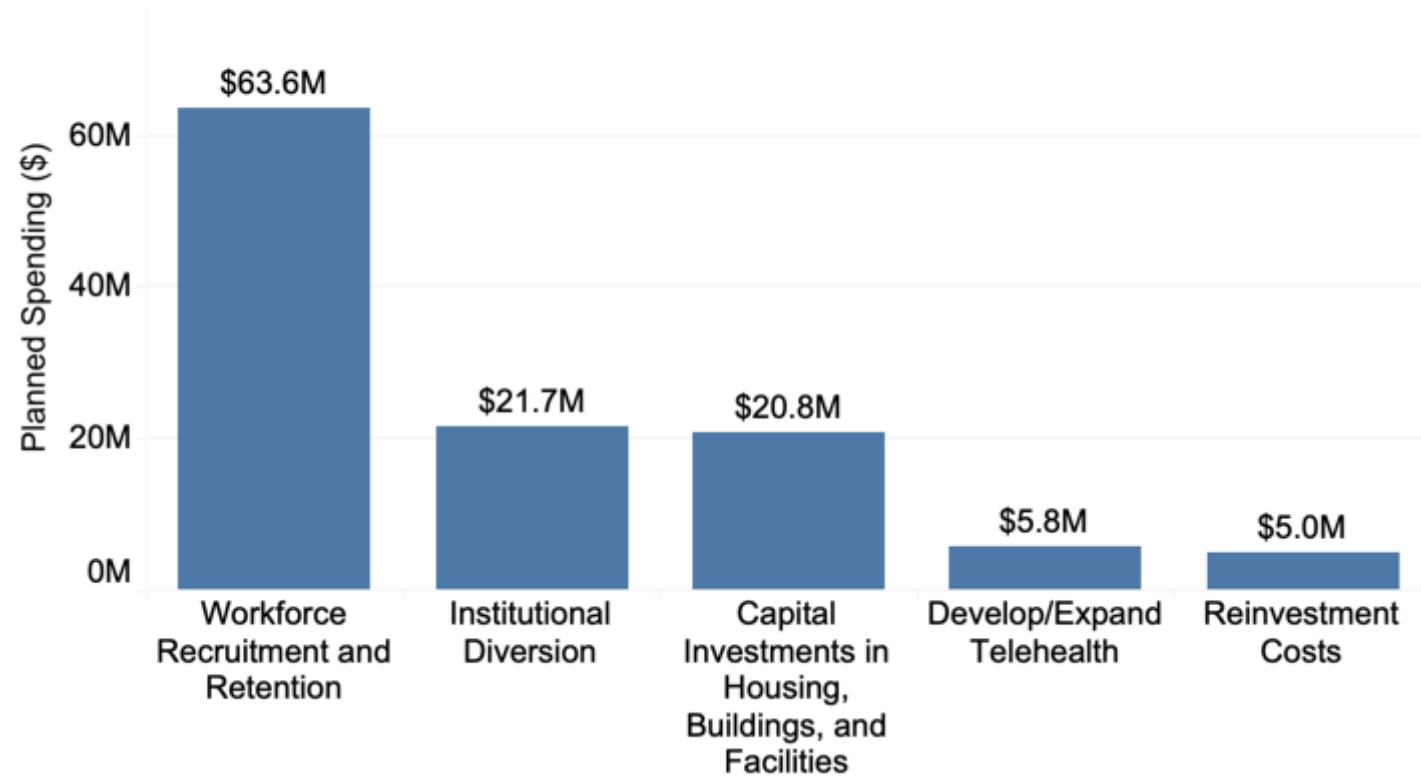


**\$116.8M**  
total planned  
**\$51.9M** total  
reported  
spending



**17**  
activities  
planned

**Top 5 Areas**  
*By Planned Spending*



**Workforce Recruitment and Retention Activities**  
That Include Rate Updates  
*By Planned Spending*

Activity Title from the Spending Plan	Method	Total Planned Spend (\$)
Personal Assistance Services Provider Rate Increase	Other	\$6.4M
Procure a Fiscal Intermediary and Change the Rate Methodology for Personal Assistance Services and Chore Services	Rate Studies Only	\$5.0M
Funding for a Rate Study for Early Development Network Care Coordination Services	Rate Studies Only	\$250.0K
Temporary Provider Rate Increases for HCBS Waiver Services	Time-Limited Rate Increase	\$38.2M

## Activity Highlights

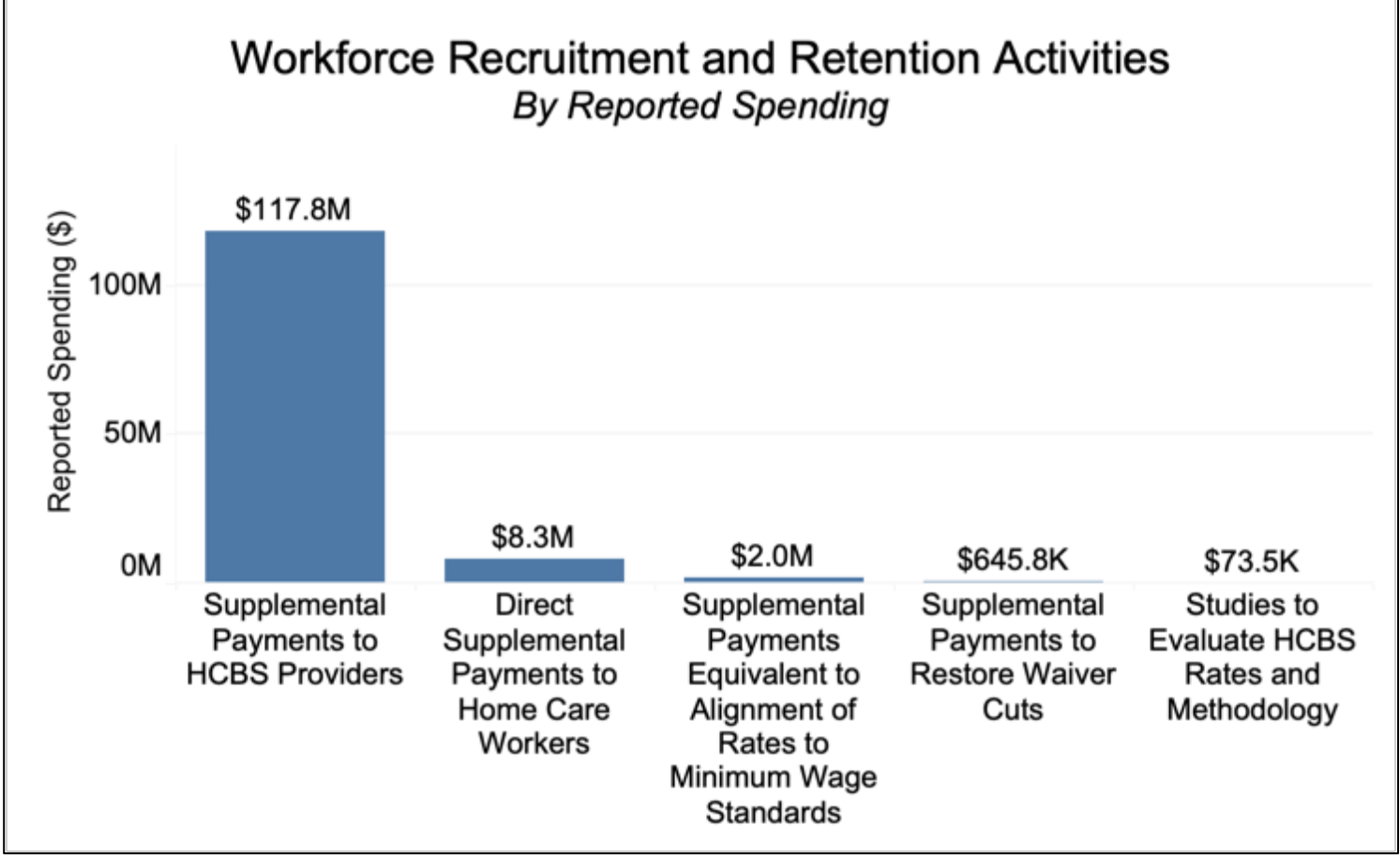
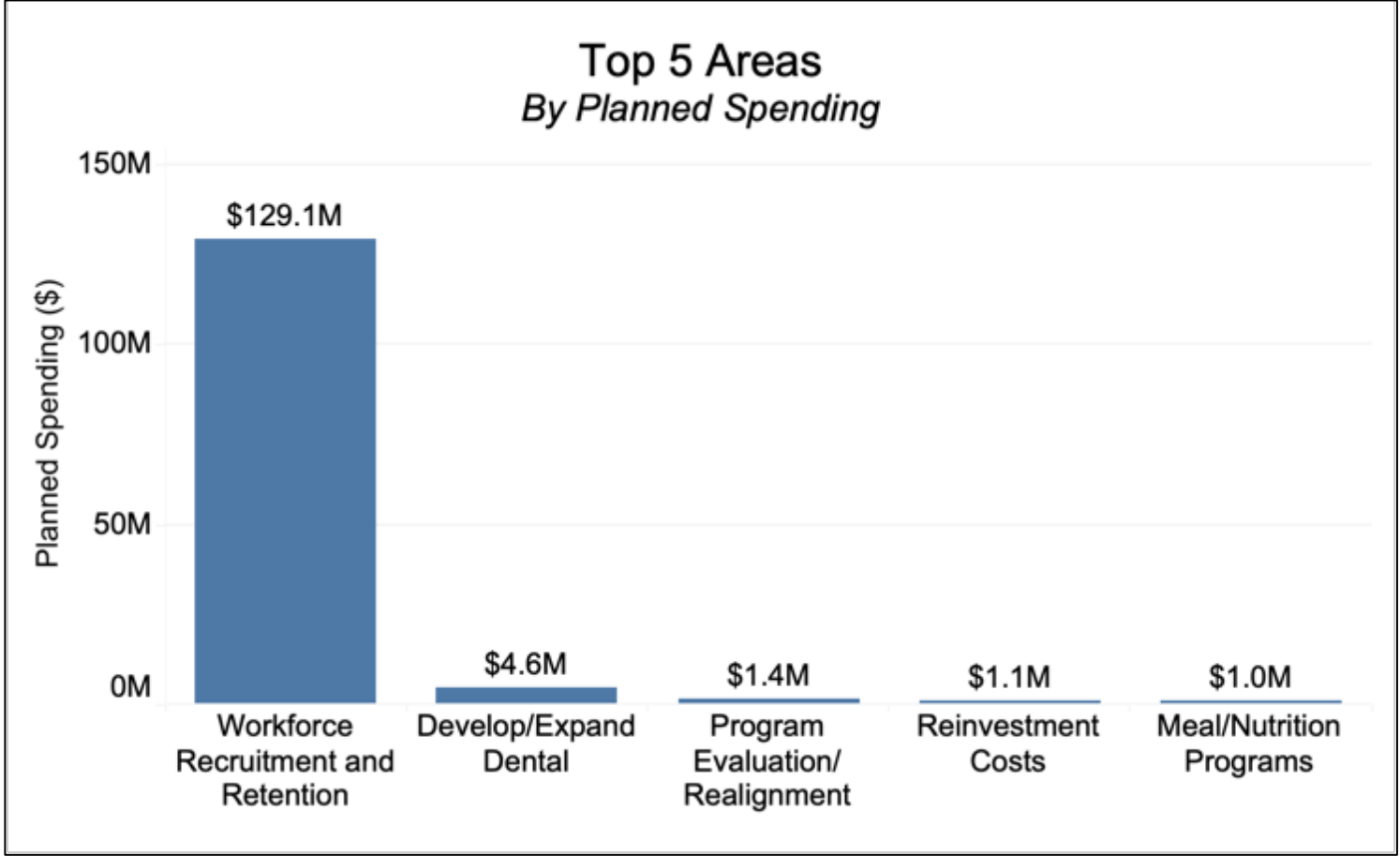
**Grants to Agencies to Purchase Telehealth Equipment:** Fund providers to purchase technology that will support provision of direct clinical services through telehealth and telemonitoring for two-way audio/video communication or technology for asynchronous management of chronic diseases.

**Renovate Facilities for Other Purposes or Enhance Purpose:** Make available funding for improvements of established structures that include modernization and facility changes to support community-based care provision. Examples include nursing facility to assisted living facility; therapeutic group homes; and respite spaces.



# American Rescue Plan Section 9817 State Spending Plan Summary

Nevada



## Activity Highlights

**Supplemental Payments to Home and Community-Based Services (HCBS) Providers:** Provide a temporary bonus payment to providers through specified percent increases (ranging from 15% for home health care to 26.9% for intellectual/developmental disability waiver services) to the reimbursement rate.

**Expansion of Dental Benefits for Beneficiaries with Intellectual / Developmental Disabilities (I/DD):** Created a dental capitation plan for adults with I/DD including education, oral health promotion, and innovative outreach. Since the beginning of the expansion on Jan 1, 2023, utilization of this program exceeded expectations with 394 individuals with I/DD being served by approximately 80 providers.

**Expansion of Home Delivered Meals Under the HCBS Frail Elderly Waiver:** Add home delivered meals as a new waiver service to the section 1915(c) HCBS Waiver for Frail Elderly. Room and board costs will not be covered as part of this activity. CMS defines the term, “board,” to mean three meals a day or any other full nutritional regimen.



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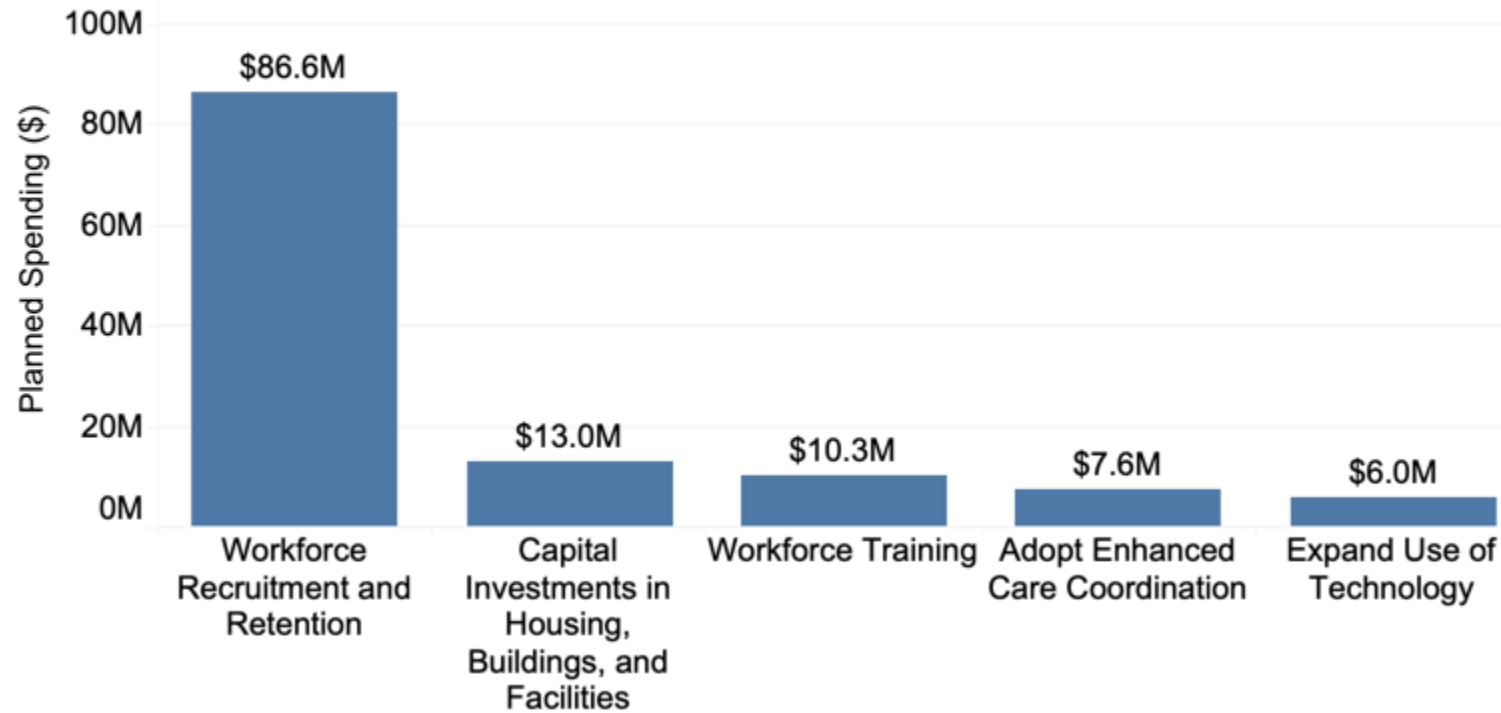
# American Rescue Plan Section 9817 State Spending Plan Summary

## New Hampshire

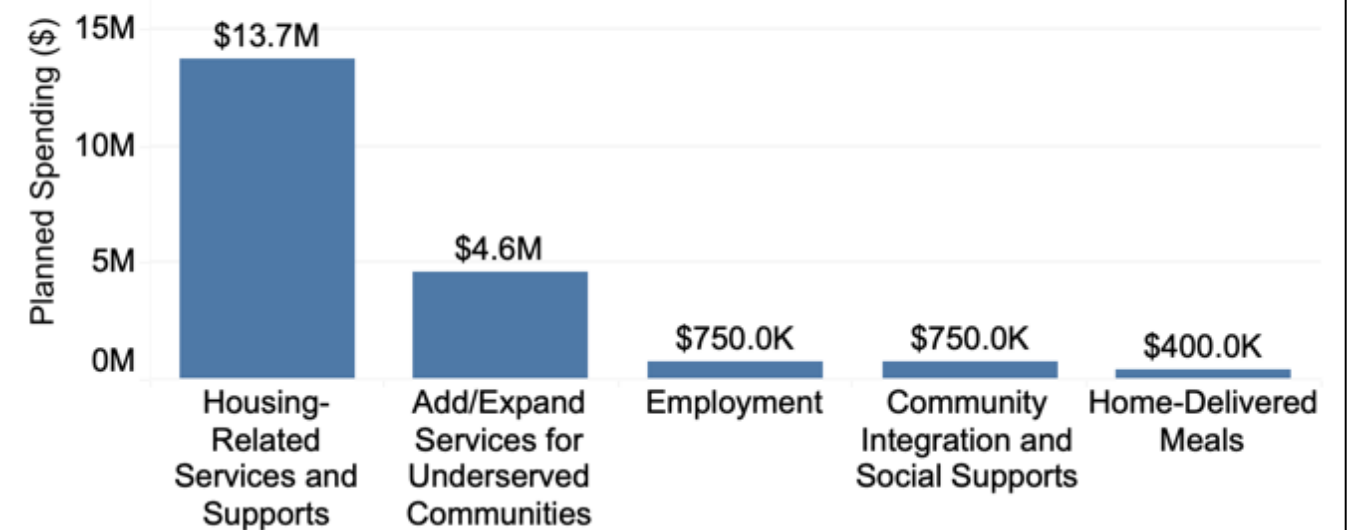
**\$133.2M**  
total planned  
**\$77.7M** total  
reported  
spending

**17**  
activities  
planned

**Top 5 Areas**  
By Planned Spending



**Social Determinants of Health Planned Spending**  
By Type of Issue



## Activity Highlights

**Housing - Developmental Disability, Intensive Treatment Services and Individuals Experiencing Homelessness:** Allocate one-time dollars to providers of in-state services for capital investments to buy/retro-fit housing for individuals receiving services under the section 1915(c) waiver who have Intensive Treatment Service (ITS) needs, individuals returning from out-of-state ITS placements, and/or those experiencing homelessness under the section 1915(i) State Plan Amendment. The Department of Health and Human Services (DHHS) awarded 33 one-time grants to support development of 114 beds to increase access for home and community-based services (HCBS) to individuals requiring ITS or those experiencing homelessness. All grantees must agree to be compliant with the HCBS Settings Rule and agree to provide the service to the identified population for a period of time, which will be determined by DHHS. Room and board costs will not be covered as part of this activity.

**Integrated Healthcare Clinic for Individuals Experiencing Homelessness:** Replicate a successful program that is currently operating in the state's largest city by providing clinics in homeless shelters. Included in the clinics will be a medical practitioner (medical doctor, physician assistant, or advanced practice registered nurse), nurse coordinator or medical assistant, behavioral health therapist, substance misuse counselor, and case manager. Staff are conducting a needs assessment across the state to determine which model to use in which areas.

# American Rescue Plan Section 9817 State Spending Plan Summary

New Jersey

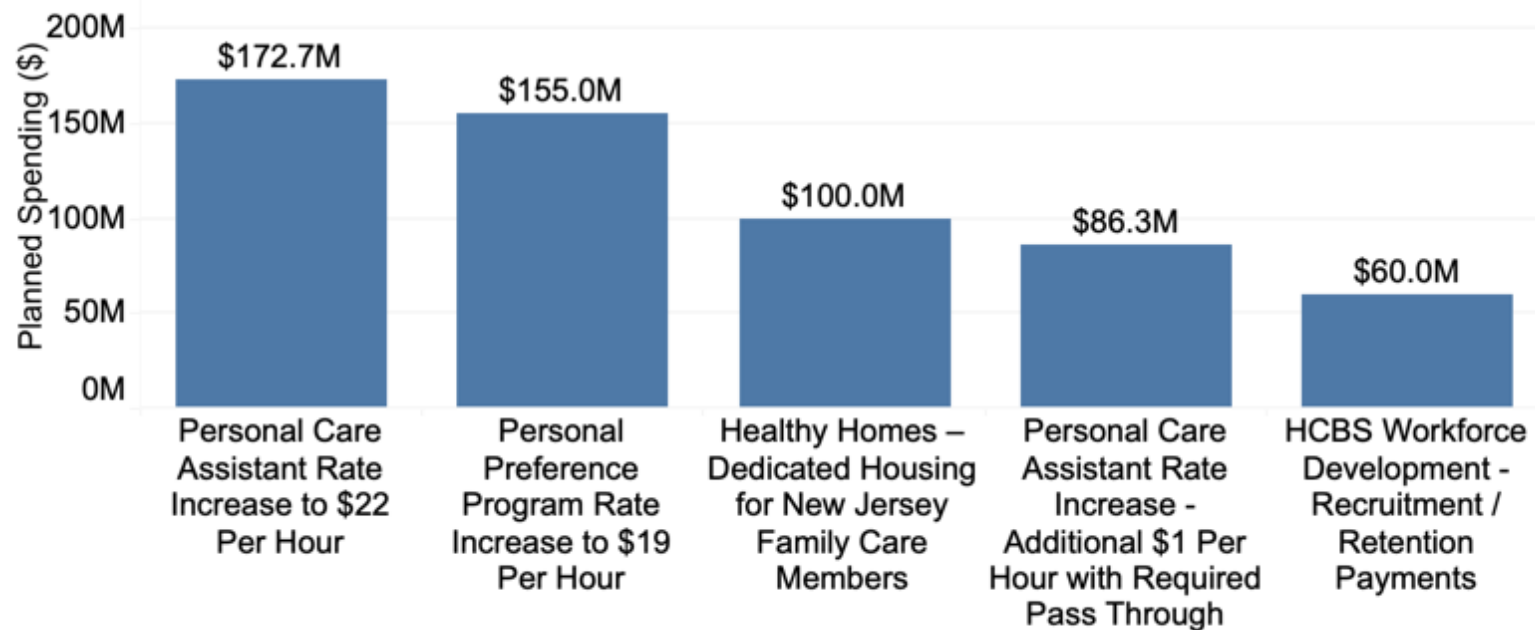


**\$847.9M**  
total planned  
**\$442.4M**  
total reported  
spending



**26**  
activities  
planned

**Top 5 Activities**  
*By Planned Spending*



## Activity Highlights

**Personal Care Services Rate Adjustment Activities:** Increase personal care assistant rates to \$22 per hour for provider agencies and provide an additional \$1 per hour personal care assistant rate increase to worker wages.

**Healthy Homes Dedicated Housing for NJ Family Care Members:** Fund 100-200 deed-restricted, subsidized, and accessible rental units for Medicaid beneficiaries across the state. These homes will support better health outcomes for individuals at risk of homelessness or institutionalization. Room and board costs will not be covered as part of this activity.

**Intensive Mobile Intellectual / Developmental Disabilities (I/DD) Services:** Provide multidisciplinary and flexible mobile treatment teams to deliver intervention and support to youth with significant I/DD and co-occurring behavioral health needs within their home environment and the context of their caregiving system.

**Loan Forgiveness:** To address the critical shortage of HCBS providers in the state, New Jersey proposes a partnership with the Higher Education Student Assistance Authority (HESAA) to create a new loan redemption program for essential HCBS providers. Loan redemption payments will be made in exchange for time spent serving in HCBS provider agencies, with payments being awarded after one year of service.

**Workforce Recruitment and Retention Activities**  
that Include Rate Updates  
*By Planned Spending*

Type of Method	Activity Title from the Spending Plan	Total Planned Spend (\$)
Capitation Rate Update	Assisted Living Tiered Rate Incentive	\$32.1M
Time Limited Rate Increase	Personal Care Assistant Rate Increase to \$22 Per Hour	\$172.7M
	Personal Preference Program Rate Increase to \$19 Per Hour	\$155.0M
	Personal Care Assistant Rate Increase - Additional \$1 Per Hour with Required Pass Through	\$86.3M
	Support Coordinator Rate Increase	\$54.6M
	Enhanced Reimbursement for Applied Behavior Analysis Services	\$26.4M
	Traumatic Brain Injury Provider Rate Increase	\$15.8M
	Assisted Living Legislated Rate Increase	\$12.7M
	Jersey Assistance for Community Caregiving Program Rate Increase	\$2.7M



# American Rescue Plan Section 9817 State Spending Plan Summary

New Mexico

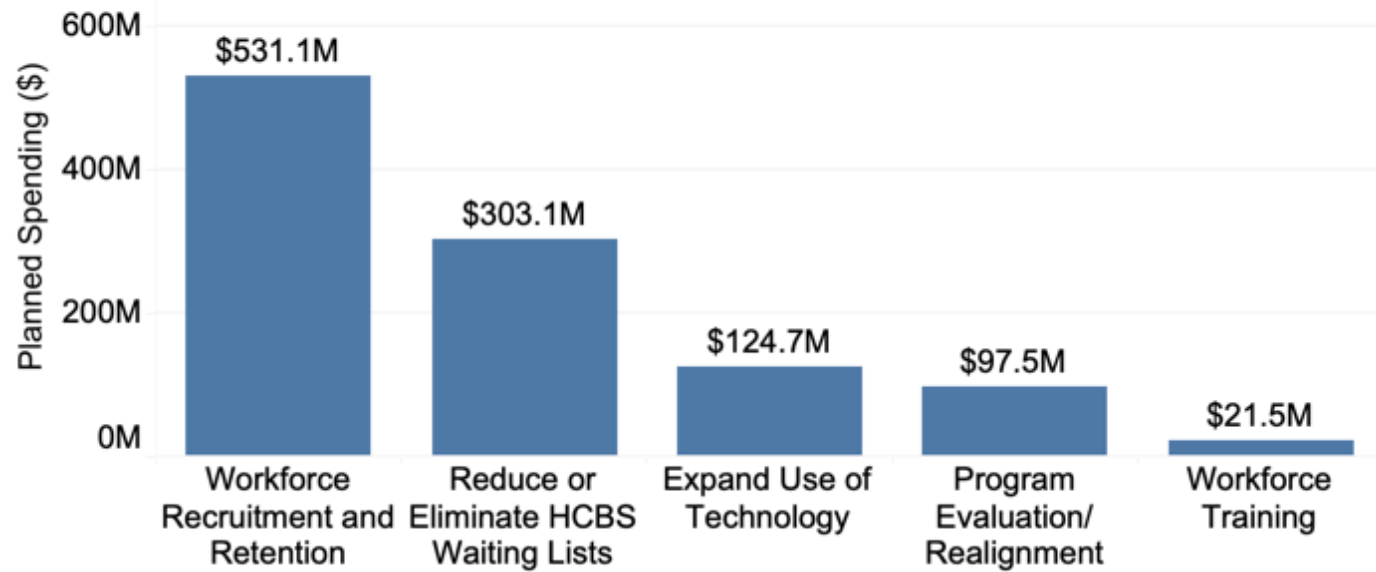


**\$980.7M**  
total planned  
**\$326.8M**  
total reported  
spending

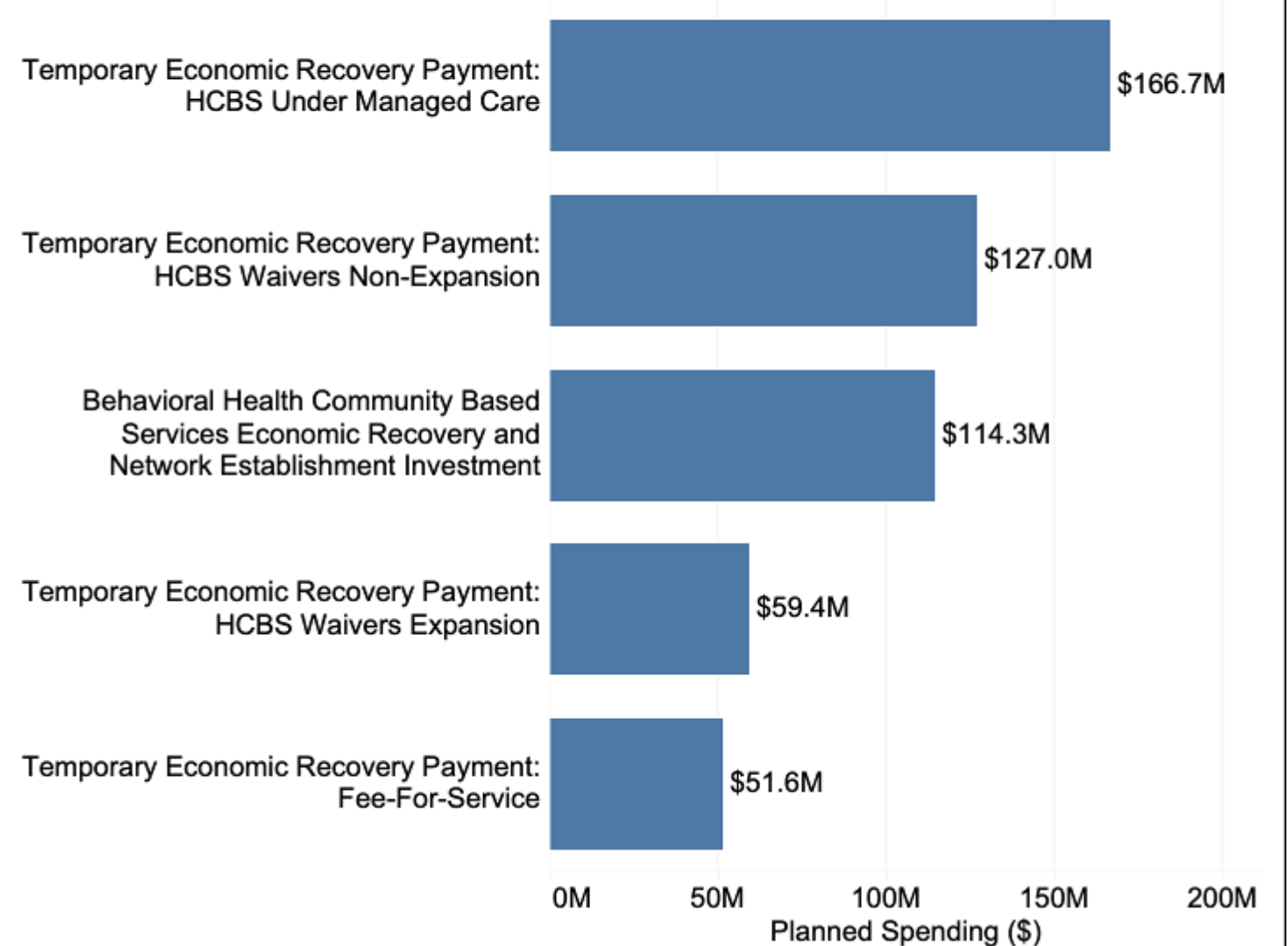


**34**  
activities  
planned

**Top 5 Areas**  
*By Planned Spending*



**Workforce Recruitment and Retention Activities that Include Rate Updates**  
*By Planned Spending*



## Activity Highlights

**Temporary Economic Recovery Payments:** Increase in payments for all home and community-based services (HCBS) providers, phased-out over three payments: 15% reimbursement increase (May 1, 2021 to June 30, 2022), 10% reimbursement increase (July 1, 2022 to June 30, 2023), and 5% reimbursement increase (July 1, 2023 to June 30, 2024). Providers were strongly encouraged to use recovery payments to support direct service workers.

**Add Home and Community-Based Waiver Slots:** Expand the Developmental Disabilities Waiver Program and the Mi Via Waiver over a three-year period to serve all 4,207 individuals with intellectual and developmental disabilities on the waiting list.

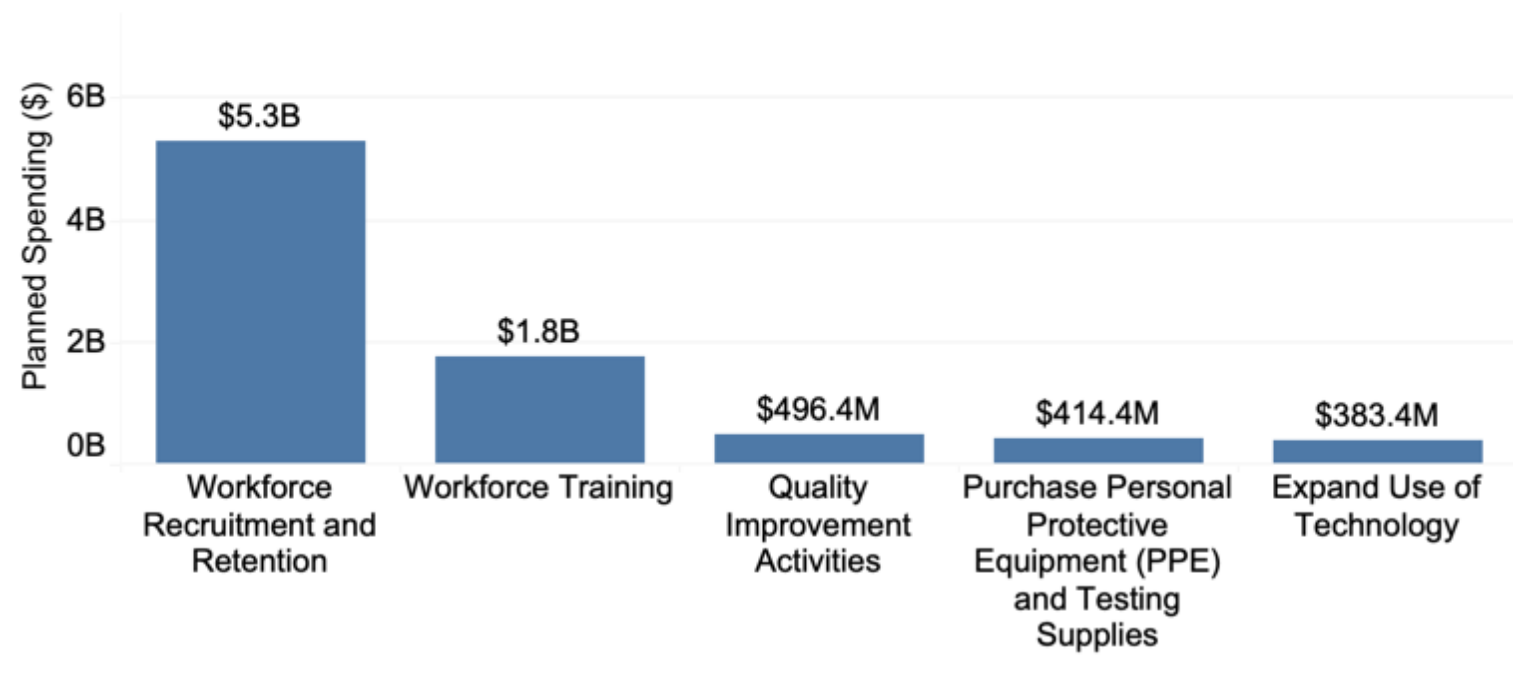
**Add Community Benefit Slots:** Add 1,000 slots to the Centennial Care Community Benefit waiver program over three years, for those who are not otherwise eligible for Medicaid, thereby enabling more elderly and disabled New Mexicans to receive community benefit services.

# American Rescue Plan Section 9817 State Spending Plan Summary

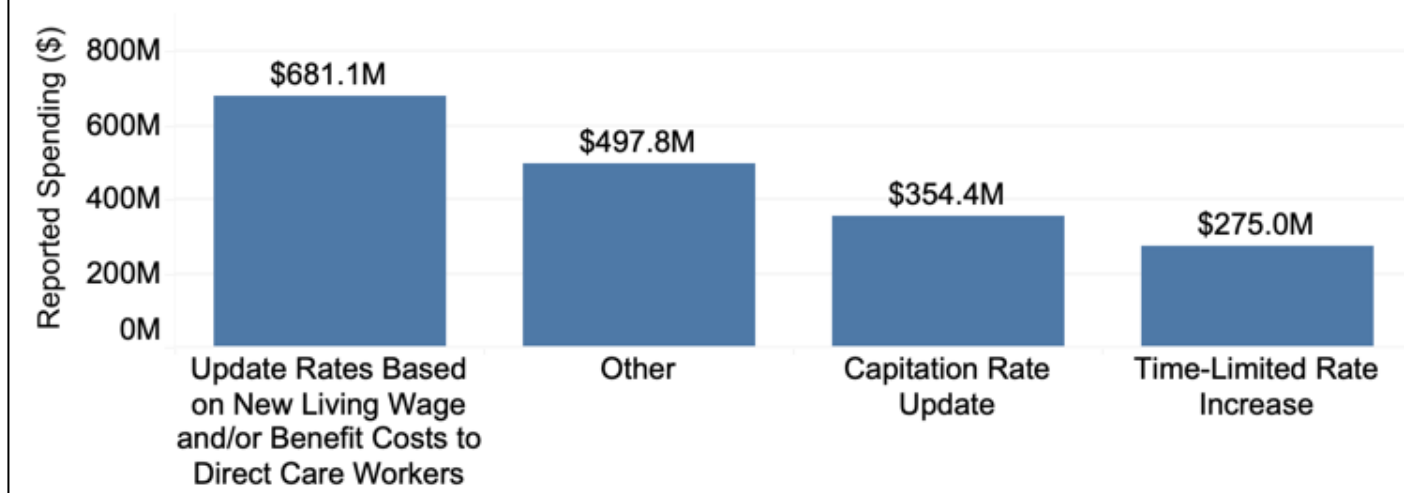
New York



**Top 5 Areas**  
*By Planned Spending*



**Workforce Recruitment and Retention Activities that Include Rate Updates**  
*By Reported Spending*



## Activity Highlights

### Transform the Long-Term Care Workforce and Achieve Value-Based Payment (VBP) Readiness:

Implement a directed payment program that would help transition home care providers and their workforce to more advanced VBP models. Payments would be tied to the utilization and delivery of qualifying community-based long-term services and supports by eligible providers. Payments would be further conditioned on providers that develop the following workforce transformation programs: workforce retention strategies, training programs in connection with local Workforce Investment Organizations, innovative technologies that assist with value-based purchase contracting, and recruitment of a racially and ethnically diverse and culturally competent workforce.

**Home Care Minimum Wage Increase:** Implement a \$3 increase to the minimum wage for home health aides, personal care aides, home attendants, and personal assistants performing Consumer Directed Personal Assistance Program services, to both recognize the efforts of home care workers through the COVID-19 pandemic and to attract and retain talented people in the profession.

## Quality Improvement Activities

*By Planned Spending*

Activity Title Per the Spending Plan	Total Planned Spend (\$)
Transform the Long-Term Care Workforce and Achieve VBP Readiness	\$354.4M
Expand Capacity in Nursing Home Transition and Diversion and Traumatic Brain Injury	\$93.0M
Advance Children's Services Information Technology Infrastructure	\$14.0M
Invest in a Community Engagement Initiative—Home and Community-Based Services Day	\$15.0M
Extend Short-Term Support for Behavioral Health Care Collaboratives	\$20.0M



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# American Rescue Plan Section 9817 State Spending Plan Summary

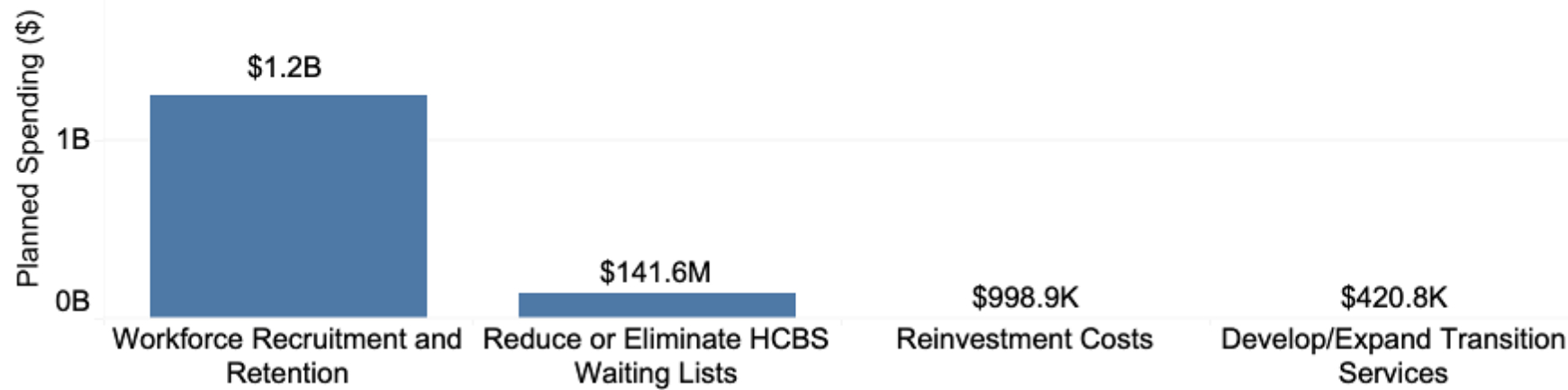


## North Carolina

**\$1.4B total  
planned  
\$683.3M  
total  
reported  
spending**

**26  
activities  
planned**

**All Areas  
By Planned Spending**



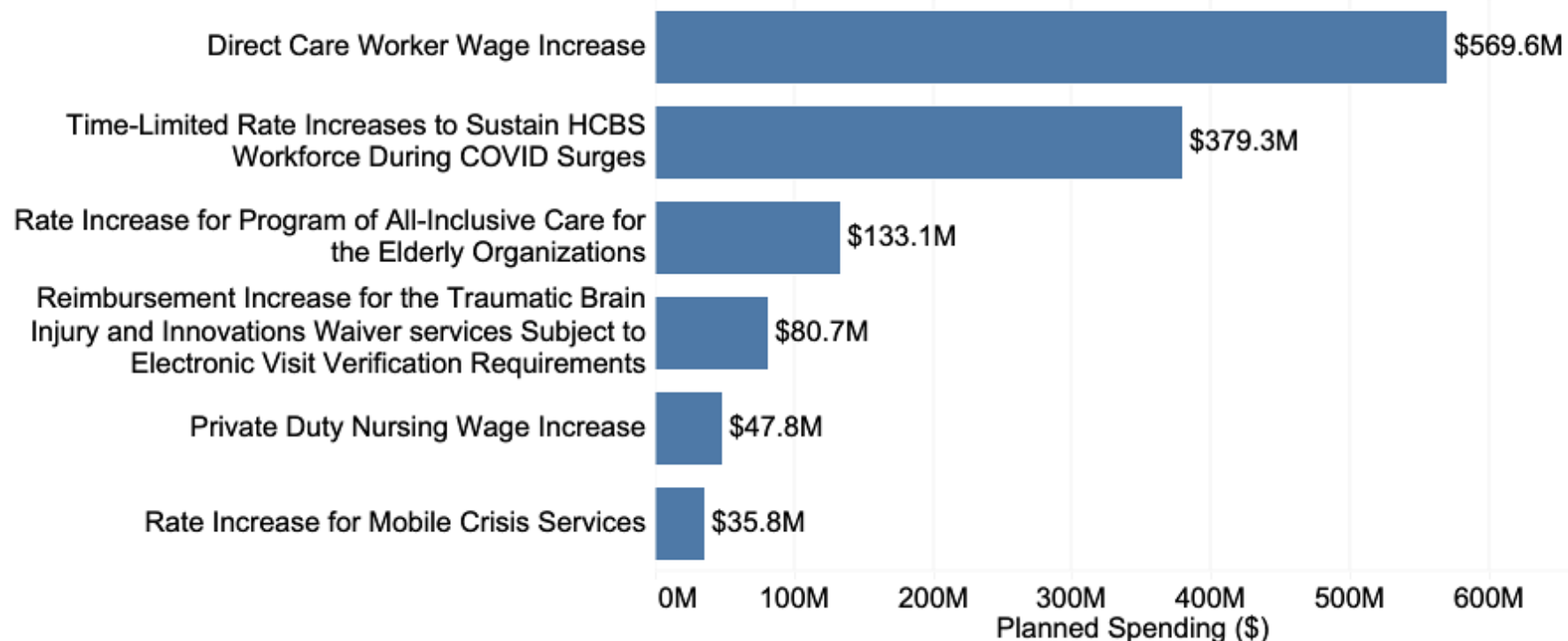
### Activity Highlights

**Direct Care Worker Wage Increase:** Provide a long-term rate increase for home and community-based services (HCBS) providers. This initiative also proposes strengthening data collection on the direct care workforce, to ensure that the state has accurate information on the direct care workforce and payment rates for these workers.

**Waiver Expansion & Waitlist Reduction:** Prioritize the joint expansion of waiver slots and reduction of waitlists for two of the state's four HCBS programs: 1) the Community Alternatives Program for Disabled Adults, which supplements services and supports for adults aged 18 and older with disabilities and seniors aged 65 and older; and 2) NC Innovations, which is designed to meet the needs of individuals with intellectual or developmental disabilities. In order to expand access to HCBS, the state is proposing expanding the unduplicated participant count in each of the two HCBS waivers.

**Social Isolation & Loneliness:** Research best, promising, and evidence-based approaches to combatting social isolation and loneliness to address rising rates of social isolation and loneliness experienced among adults. Proposed research efforts will be conducted cross-divisionally, expand on existing efforts, and ultimately result in the development and implementation of three to four new programs to combat the negative health outcomes and financial consequences associated with social isolation and loneliness among adults.

**Workforce Recruitment and Retention Activities  
By Planned Spending**





# American Rescue Plan Section 9817 State Spending Plan Summary

# North Dakota

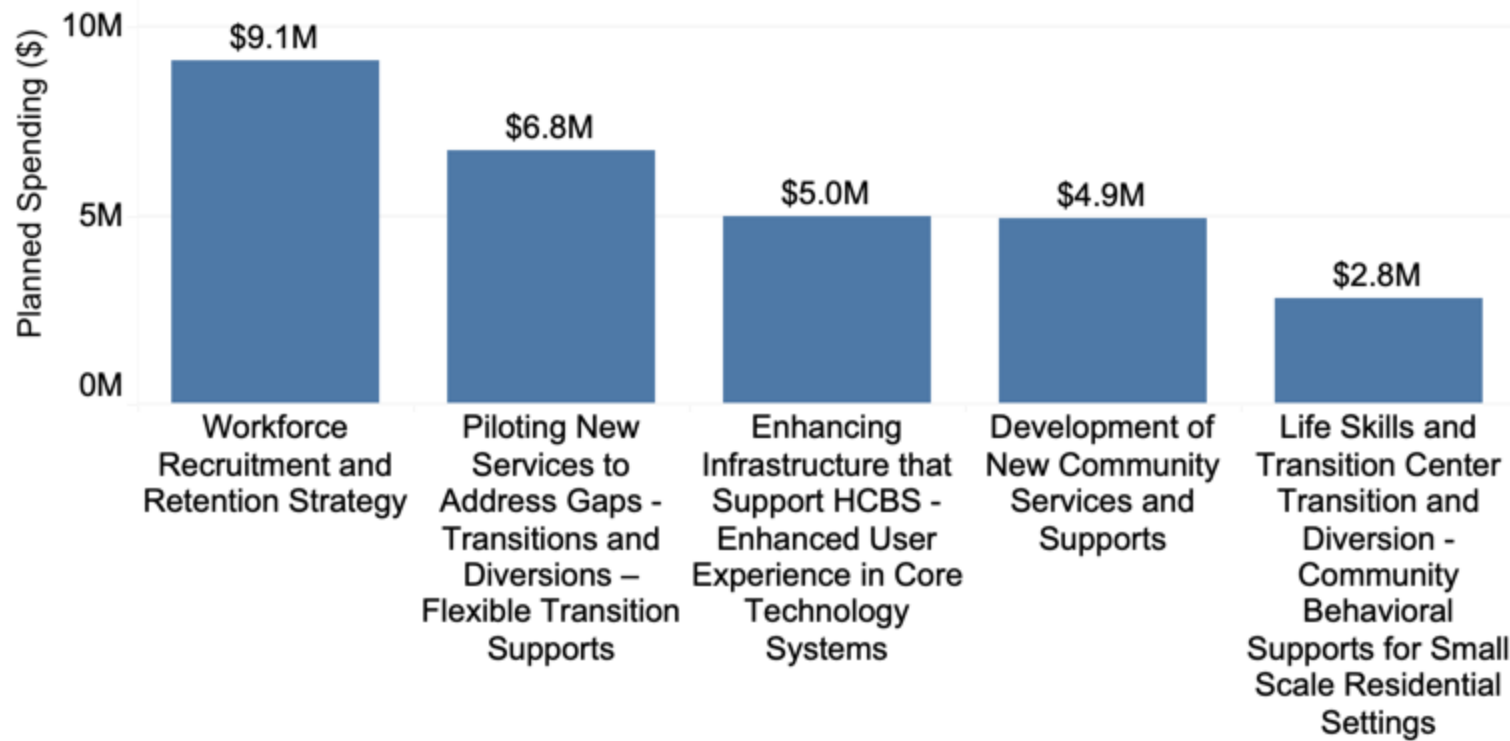


**\$39.9M**  
total planned  
**\$10.5M** total  
reported  
spending



**16**  
activities  
planned

**Top 5 Activities  
By Planned Spending**



## Activity Highlights

**Workforce Recruitment and Retention Strategy:** Develop a pilot program that supports both the recruitment and retention of the direct care workforce in the home and community-based services (HCBS) industry. The state will engage workforce partners to identify financial incentives that will be meaningful to members of the workforce and impactful in terms of overall workforce availability. It will also consider targeted incentives for specified service types (e.g., respite), enhanced training/endorsements, duration of service, and complexity of care.

**Develop New Community Services and Supports:** Offer a series of tiered start-up grants, incentives, and supports to providers who increase their capacity to provide HCBS. The state will consider incentives for skilled nursing facilities or health systems that open an HCBS service line in compliance with federal regulations, for new providers of high priority services (e.g., respite, family care option, round-the-clock services, personal care, nursing), for existing providers who expand into new service geographies, and for providers who develop capacity for complex care cases. Awards will incentivize both establishment of new service lines as well as enhancement of established service delivery.

**Social Determinants of Health Planned Spending  
By Type of Issue and Activities**

Activity Title from the Spending Plan	Type of Issue	Total Planned Spend (\$)
Piloting New Services to Address Gaps - Transitions and Diversions - Flexible Transition Supports	Housing-Related Services and Supports	\$6.8M
Workforce Training Strategy	Add/Expand Culturally and Linguistically Competent Services and Staff	\$2.0M

# American Rescue Plan Section 9817 State Spending Plan Summary

Ohio

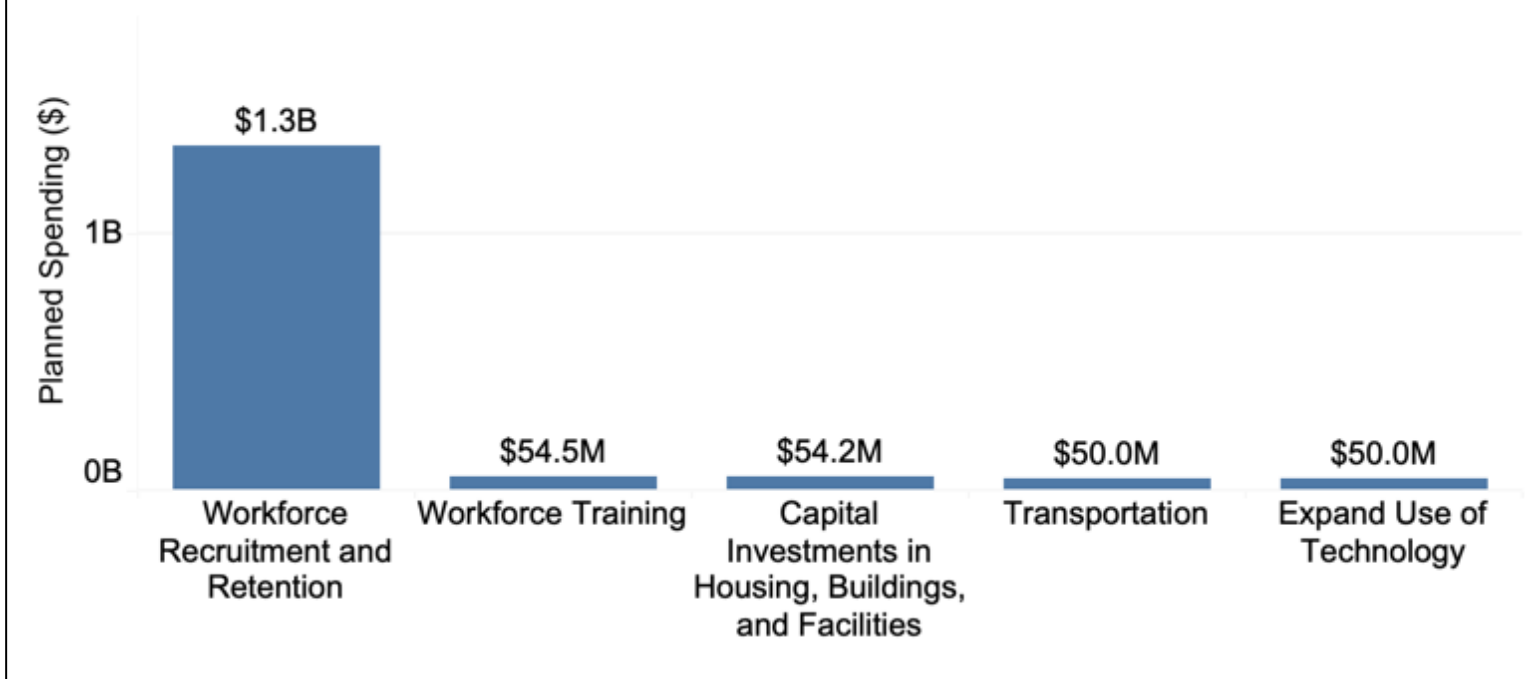


**\$1.5B**  
total planned  
**\$518.7M**  
total reported  
spending



**40**  
activities  
planned

Top 5 Areas  
By Planned Spending



Workforce Recruitment and Retention Activities  
By Planned Spending

Activity Title from the Spending Plan	Total Planned Spend (\$)
HCBS Provider Rate Increases	\$722.7M
Payments to Individual Options, Level One, and Self Empowered Life Funding Waiver	\$209.0M
Payments to Community Behavioral Health Services Provider Types 84 and 95	\$123.0M
Payments to Non-Institutional Durable Medical Equipment, Prosthetics, Orthotics, and Supplies, Home Health	\$70.0M
Higher Education	\$45.0M

## Activity Highlights

**HCBS Provider Rate Increases:** Provide across the board rate increases for a range of HCBS services, including nursing (waiver and non-waiver), adult day services, home delivered meals, assisted living, etc.

**Program for All-Inclusive Care for the Elderly (PACE) Expansion:** Increase access to the PACE program to individuals across Ohio. Currently, this integrated care model is available to individuals in Cuyahoga County, Ohio. Recent legislation allows Ohio to support additional PACE sites in Franklin, Hamilton, Montgomery, Lorain, Lucas, and Summit counties, as well as consider supporting an additional rural site. Funding will be used for bricks and mortar capital costs, a transportation network, information technology infrastructure, and workforce training and development.

**Behavioral Health Capacity for Children and Youth:** Increase behavioral health workforce capacity by providing grants to existing and new Medicaid community behavioral health provider organizations to start and expand their provision of specialized in-home and community behavioral health services for children and youth. Community behavioral health organizations will be able to use the funds to support program development, strategic planning related to expanding access to care, human resources operations, recruitment sign-on bonuses, new staff onboarding, continuing education for existing staff, retention bonuses, etc.

# American Rescue Plan Section 9817 State Spending Plan Summary

## Oklahoma

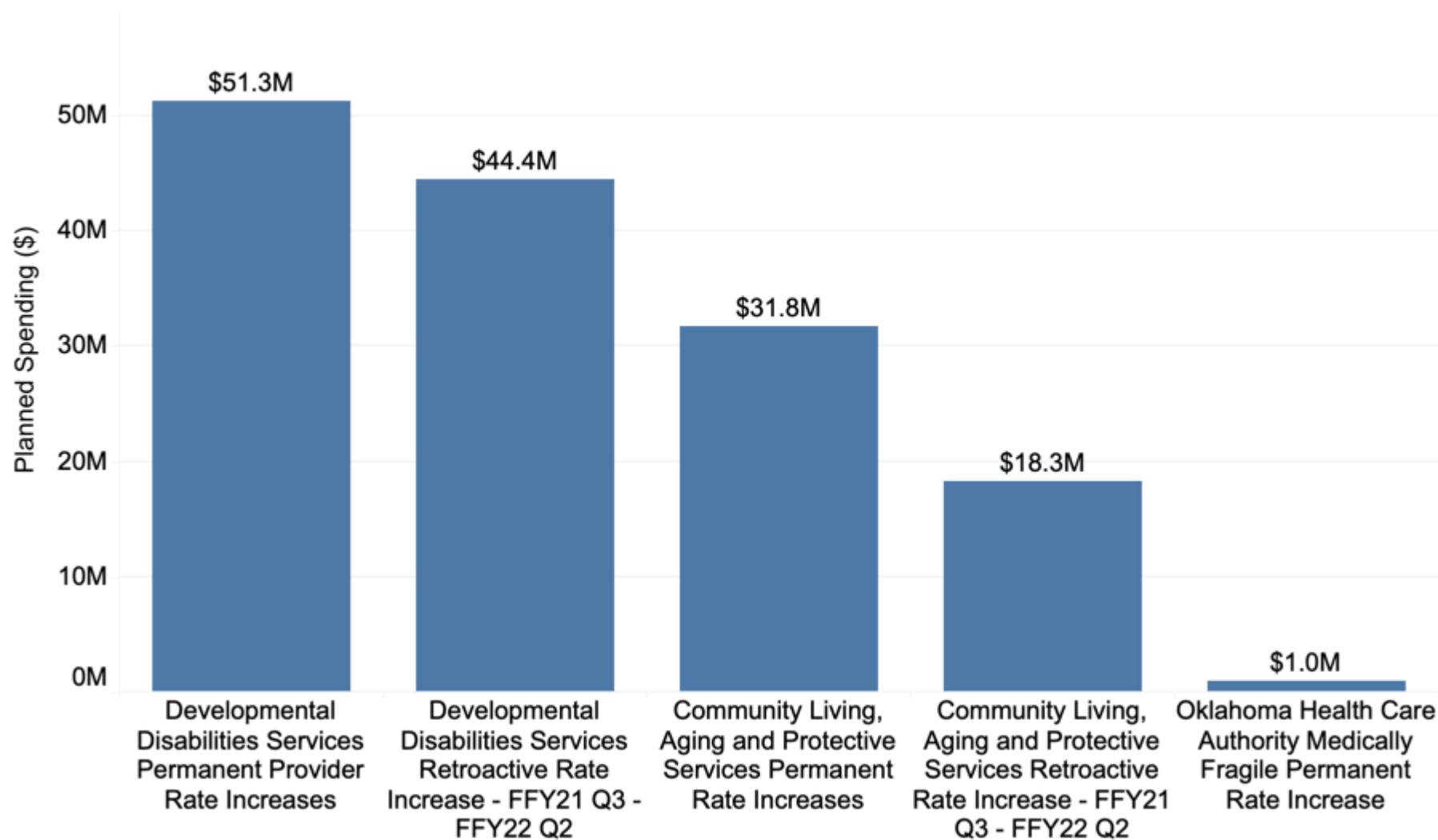


**\$146.8M**  
total planned  
**\$145.8M**  
total reported  
spending



**6**  
activities  
planned

**Top 5 Activities**  
*By Planned Spending*



### Activity Highlights

**Oklahoma Department of Human Services (OKDHS) Developmental Disability Services (DDS) and Community Living, Aging, and Protective (CAP) Services Retroactive and Permanent Rate Increases:** Implement retroactive rate increases for DDS and CAP waiver services providers and a permanent 25% statewide rate increase for these services.

**Oklahoma Health Care Authority (OHCA) Medically Fragile Waiver Permanent Rate Increase:** Implement a permanent 25% statewide rate increase for Medically Fragile Waiver services providers. Oklahoma will use state equivalent funds to pay for these rate increases from October 1, 2022, through March 31, 2025.

**Program for All-Inclusive Care for the Elderly (PACE):** Establish the PACE Enhancement Fund to compensate PACE providers for expenses related to the COVID-19 Public Health Emergency (incurred after April 1, 2021) and to strengthen and enhance the PACE program.



# American Rescue Plan Section 9817 State Spending Plan Summary

Oregon

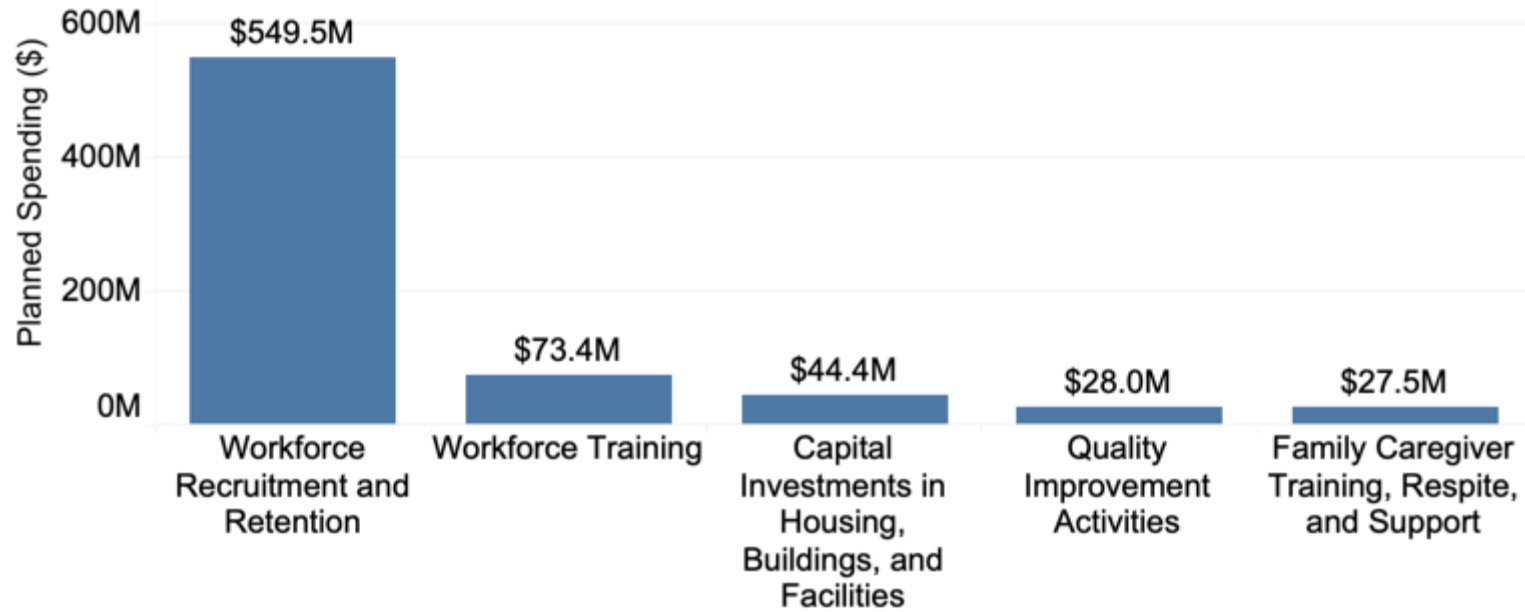


**\$769.9M**  
total planned  
**\$375M** total  
reported  
spending



**98**  
activities  
planned

**Top 5 Areas  
By Planned Spending**



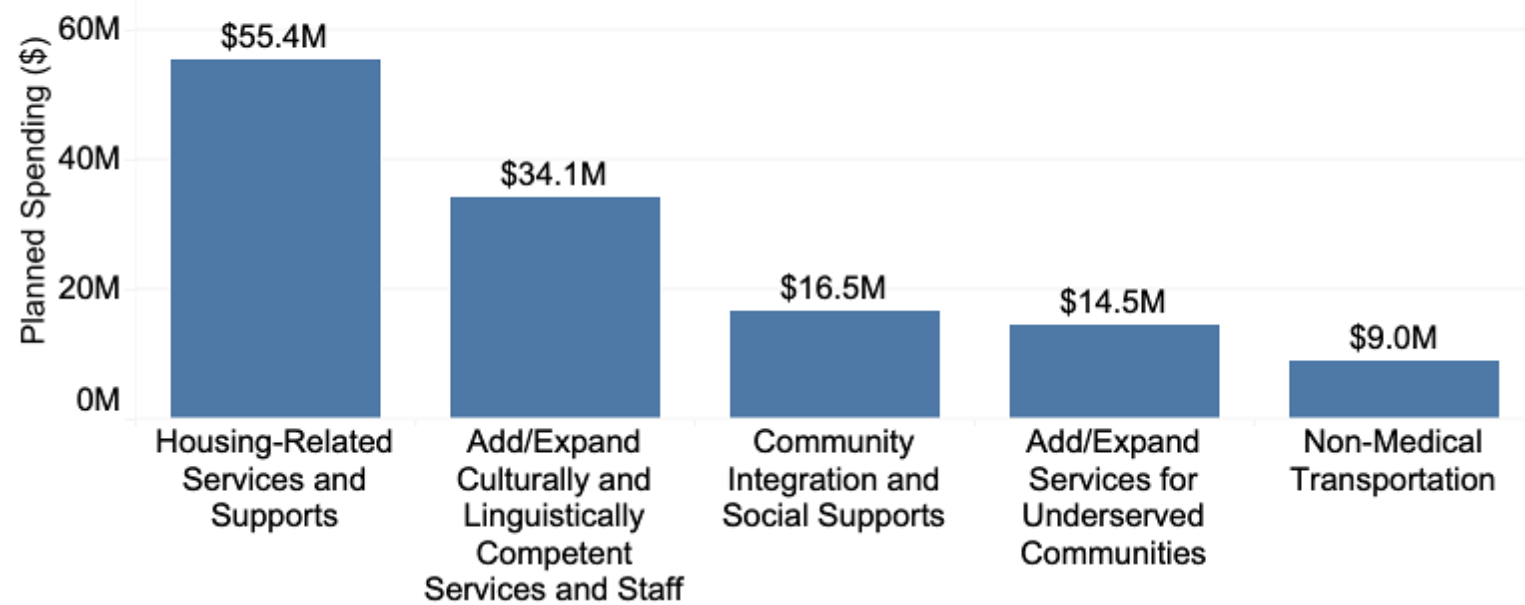
## Activity Highlights

**Implementation of New Rate Models – Office of Developmental Disabilities Services:** Supported the transition to new rate models in July 2022 for certain section 1915(k) and section 1915(c) services. This funding was to ensure that new rate models were fully funded to support services for individuals with intellectual/developmental disabilities, provider capacity, and direct care workforce.

**Provide Funding to Pursue an 1115 Demonstration Waiver to Support Family Caregivers:** Enable beneficiaries to coordinate with case managers to create a limited-service plan to maintain a beneficiary's level of independence and quality of life in their home. The demonstration also provides supports to beneficiaries' unpaid caregivers, to meet the beneficiaries' health needs while also sustaining the needs of their caregiver. The goals of the demonstration are to:

- Provide limited HCBS for older adults and adults with disabilities at risk of needing Medicaid long-term services and supports,
- Expand HCBS to individuals who need assistance with activities of daily living but do not meet the current Medicaid nursing facility level of care, and
- Provide support to unpaid family caregivers who care for demonstration beneficiaries.

**Top 5 Social Determinants of Health Activities  
By Planned Spending**



# American Rescue Plan Section 9817 State Spending Plan Summary

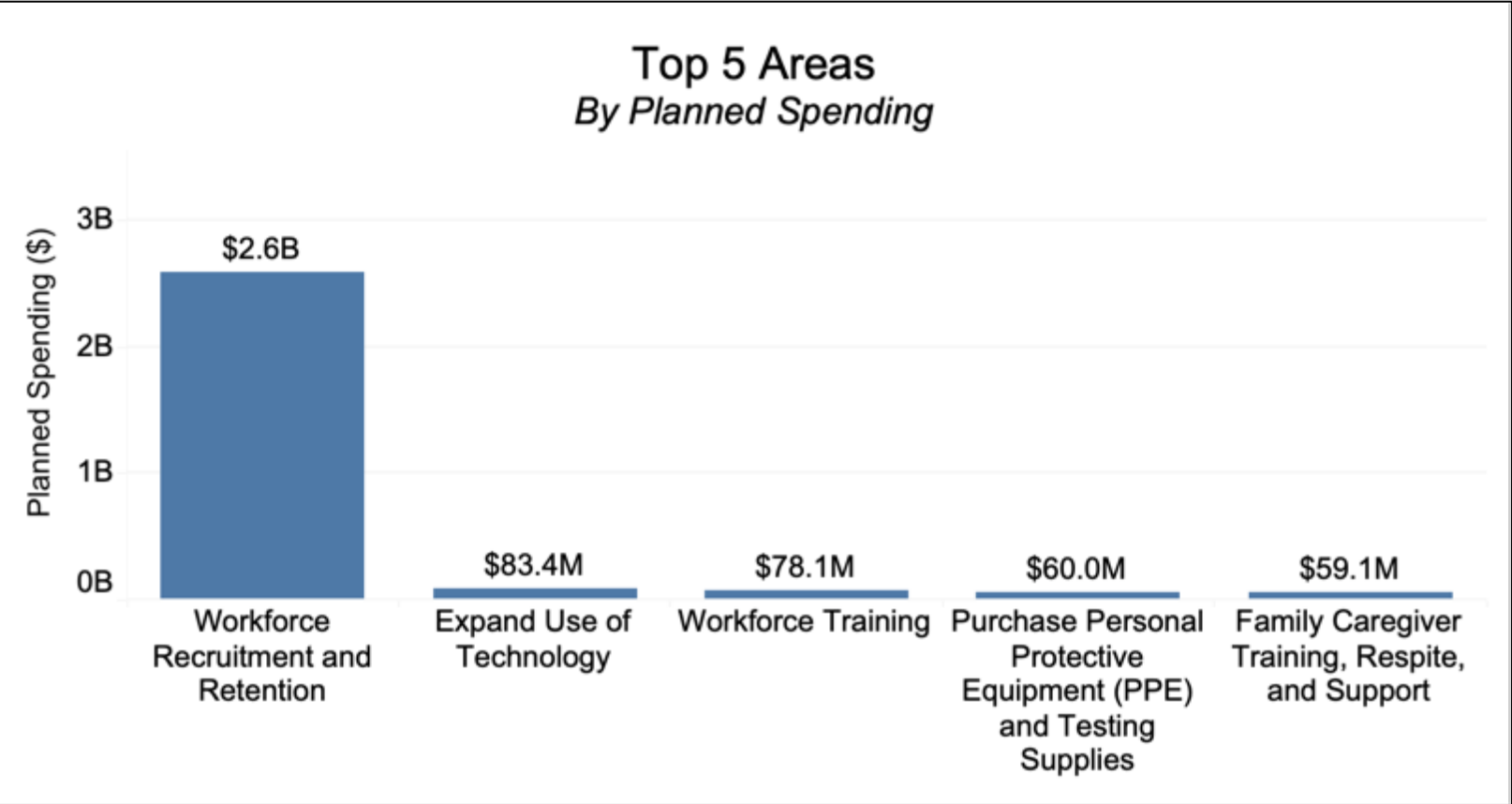
## Pennsylvania



**\$2.9B**  
total planned  
**\$1.5B**  
total reported  
spending



**44**  
activities  
planned



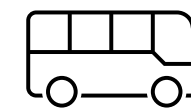
Pennsylvania is implementing workforce recruitment and retention activities, including...

**\$2.5B**

Total estimated planned spending, including both state and federal share



Providing one-time funds for behavioral health providers to enhance telehealth services



Providing payments to recruit and retain non-emergency medical transportation drivers

## Activity Highlights

**Increased Access to Home and Community Based Services (HCBS):** Provide financial support to adult daily living providers to make physical, operational, or other changes to ensure services are delivered safely during the reopening of day centers.

**Mental Health and Substance Use Disorder Services:** Fund scholarships to expand the number of certified peer specialists to ensure a strong workforce in mental health service settings; support telehealth services with one-time funds for behavioral health providers who provide rehabilitative services to purchase equipment, and training supports to enhance telehealth services.

**HCBS Provider Payment Rate and Benefit Enhancement:** Enhance quality of care by funding a training nurse's ability to shadow the current nurse assigned to private duty nursing cases; support workforce expansion with funding to issue sign-on and retention bonuses for nurses, direct care workers, and other HCBS providers; support non-emergency medical transportation workforce expansion with one-time payments to recruit and retain qualified drivers to provide non-emergency medical transportation services; and purchase consultation and administrative services for the development and implementation of selective contracting and alternative payment methods.



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# American Rescue Plan Section 9817 State Spending Plan Summary

Rhode  
Island

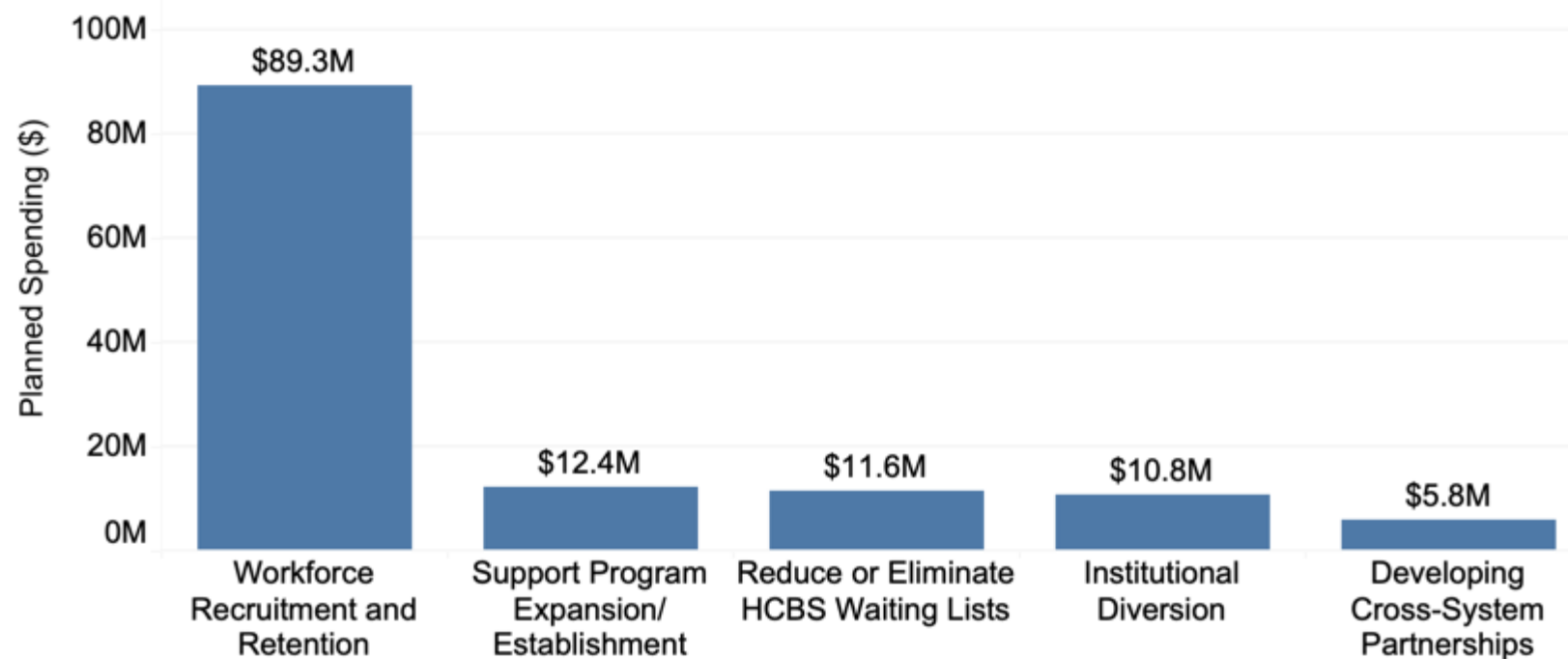


**\$137.1M**  
total planned  
**\$70.4M**  
total reported  
spending



**35**  
activities  
planned

**Top 5 Areas  
By Planned Spending**



**Workforce Recruitment and Retention Activities  
By Planned Spending**

Activity Title from the Spending Plan	Total Planned Spend (\$)
Hiring & Retention Incentives: Rate Increases with Benefits Match	\$56.1M
Expanding the Home & Community Based Service Array	\$10.1M
Hiring & Retention Incentives: Provider Payments via Medicaid Management Information System with Admin Match	\$7.9M
Transformation Grants	\$4.0M
Tuition Waiver Equity Initiative	\$3.0M
Advanced Certifications for Direct Care Workers	\$3.0M

## Activity Highlights

**Dental Care in Home Health Settings Pilot:** Conduct the following activities to support the pilot: 1) develop an oral care training for home health professionals (including personal care aides, home health aides, visiting nurses, etc.) to provide them with the knowledge and skills needed to provide clients with general oral health information, routine mouth care and oral screenings, and to make referrals to dental treatments; 2) ensure the proper pay-for-reporting by participating home health providers, training participation stipends, printing and postage for the training and related materials; 3) provide essential technology supports such as mobile dental equipment for public health dental hygienists; and 4) provide incentives for community-based safety net dental clinics and oral surgery sites for patients using home and community-based services (HCBS) with dental needs beyond the scope of services a Home Health Assessment and/or Public Health Dental Hygienists can provide.

**Mobile Response and Stabilization Services and Single Point of Access:** Contract with clinicians from two service providers that will meet with youth and caregivers to assess for safety and collaborate with their school and other providers to create a comprehensive plan to reduce the risk for hospitalization. Their clinicians can meet with the youth and their caregiver in their home, school, or office within two hours of referral, 24/7. At least one caregiver/guardian must be present and consent to evaluation. The evaluation process helps determine the appropriate level of care and directly links the youth to services. The providers offer short-term stabilization and case management for up to 30 days. Services are provided by experienced staff in both English and Spanish, and other languages as needed. Rhode Island is seeking Medicaid administrative match for this activity.



# American Rescue Plan Section 9817 State Spending Plan Summary

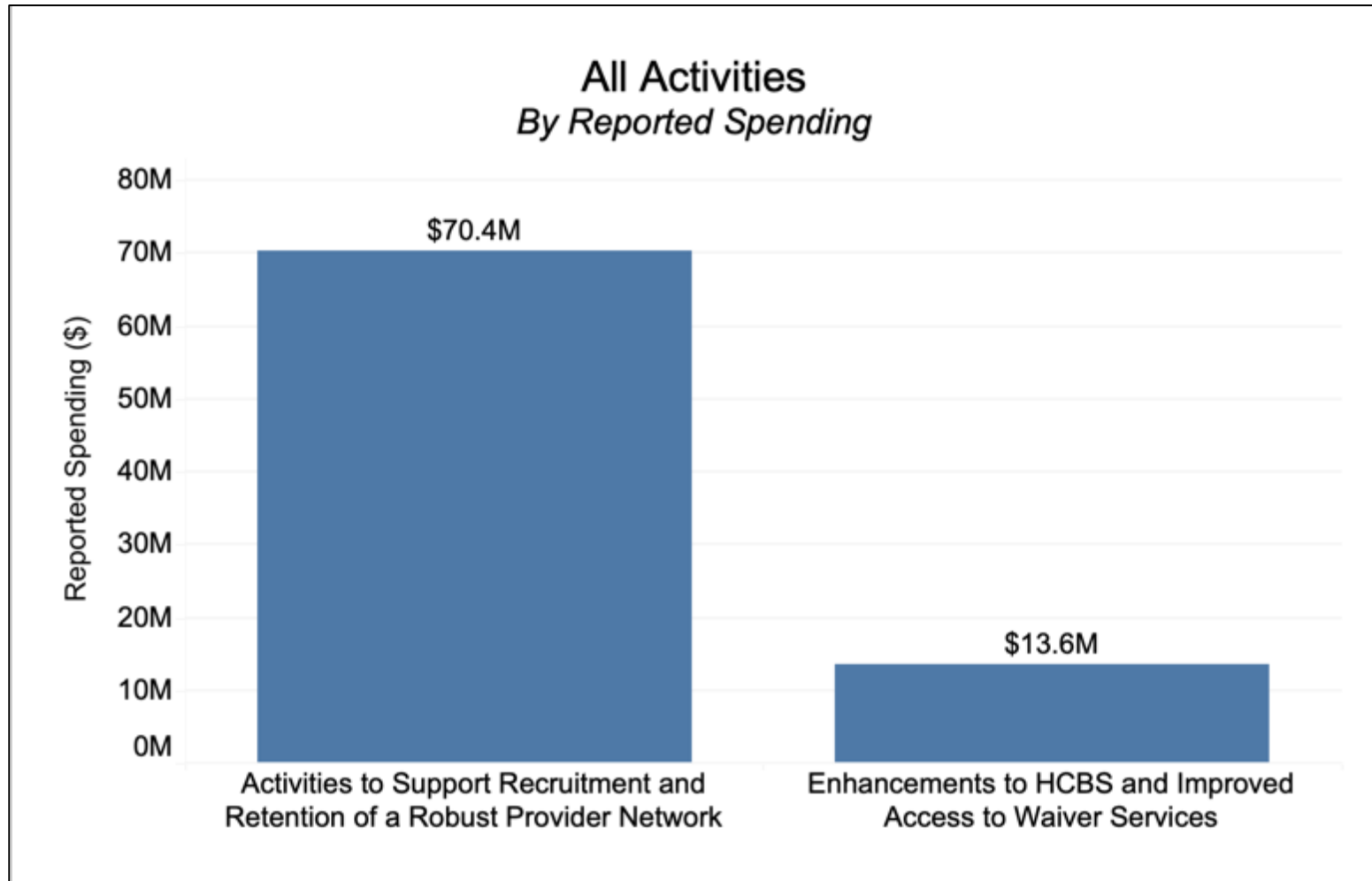
South Carolina



**\$80M**  
total planned  
**\$84.1M** total reported spending



**3**  
activities planned



## Enhancements to HCBS and Improved Access to Waiver Services activity plans to...

**\$35M**

Total estimated planned spending, including both state and federal share



Increase HCBS program slots

Add new waiver services and permanently increase reimbursement rates for existing services



Increase supportive technology and environmental modification availability

## Activity Highlights

**Activities to Support Recruitment and Retention of a Robust Provider Network:** Support the home and community-based services (HCBS) provider workforce through signing bonuses and retention payments for direct service professionals and nursing staff, retainer payments for providers, training and certifications, increasing rates for a limited period for select services, and strengthening assessments and person-centered training. Incorporate methods to provide hazard pay and shift differential pay for direct support professionals and home care workers. Add funding for providers to make physical, operational, or other changes to safely deliver services during the public health emergency.

# American Rescue Plan Section 9817 State Spending Plan Summary

South Dakota

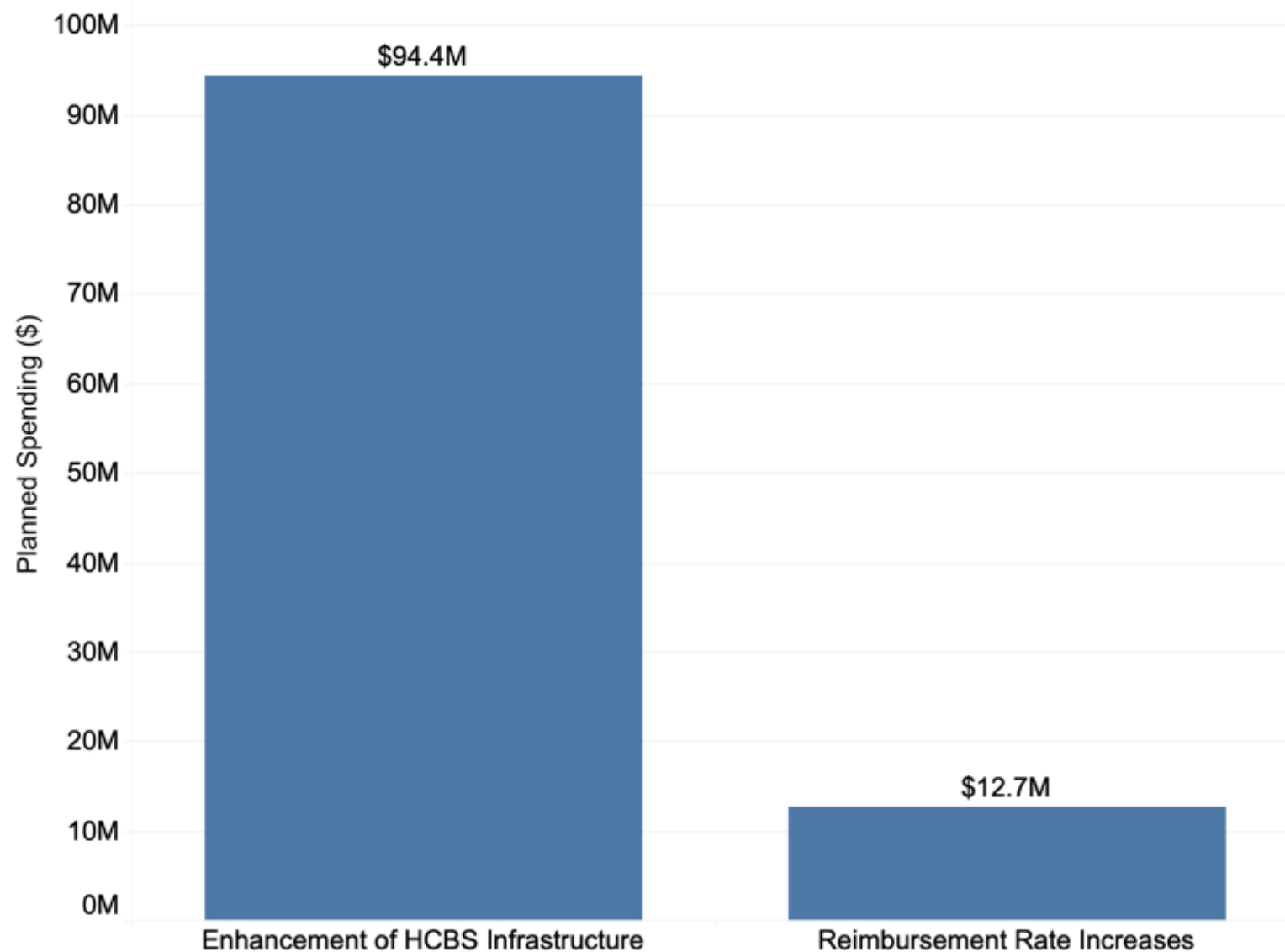


**\$107.1M**  
total planned  
**\$94.4M** total  
reported  
spending



**2**  
activities  
planned

**All Activities**  
*By Planned Spending*



## Activity Highlights

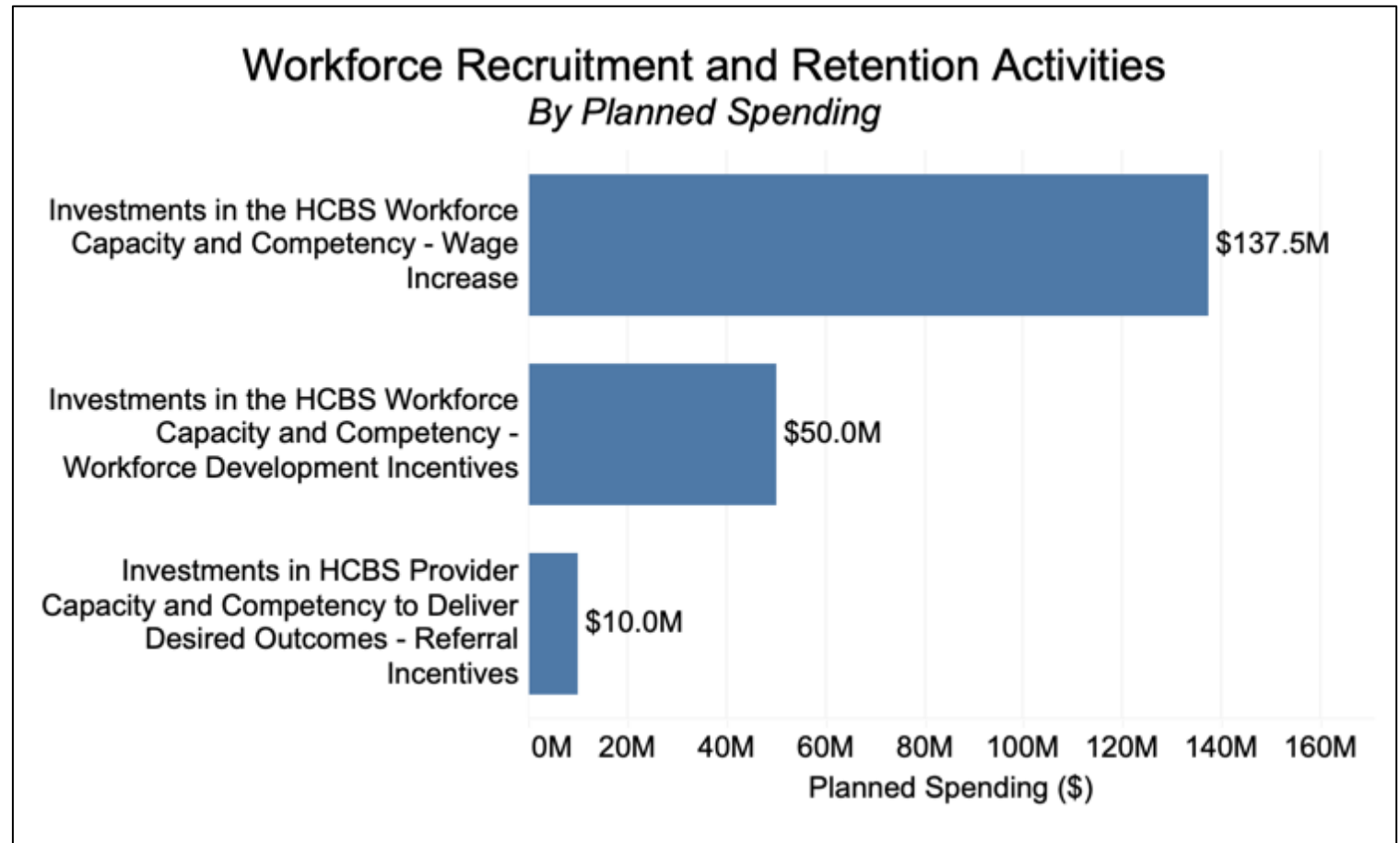
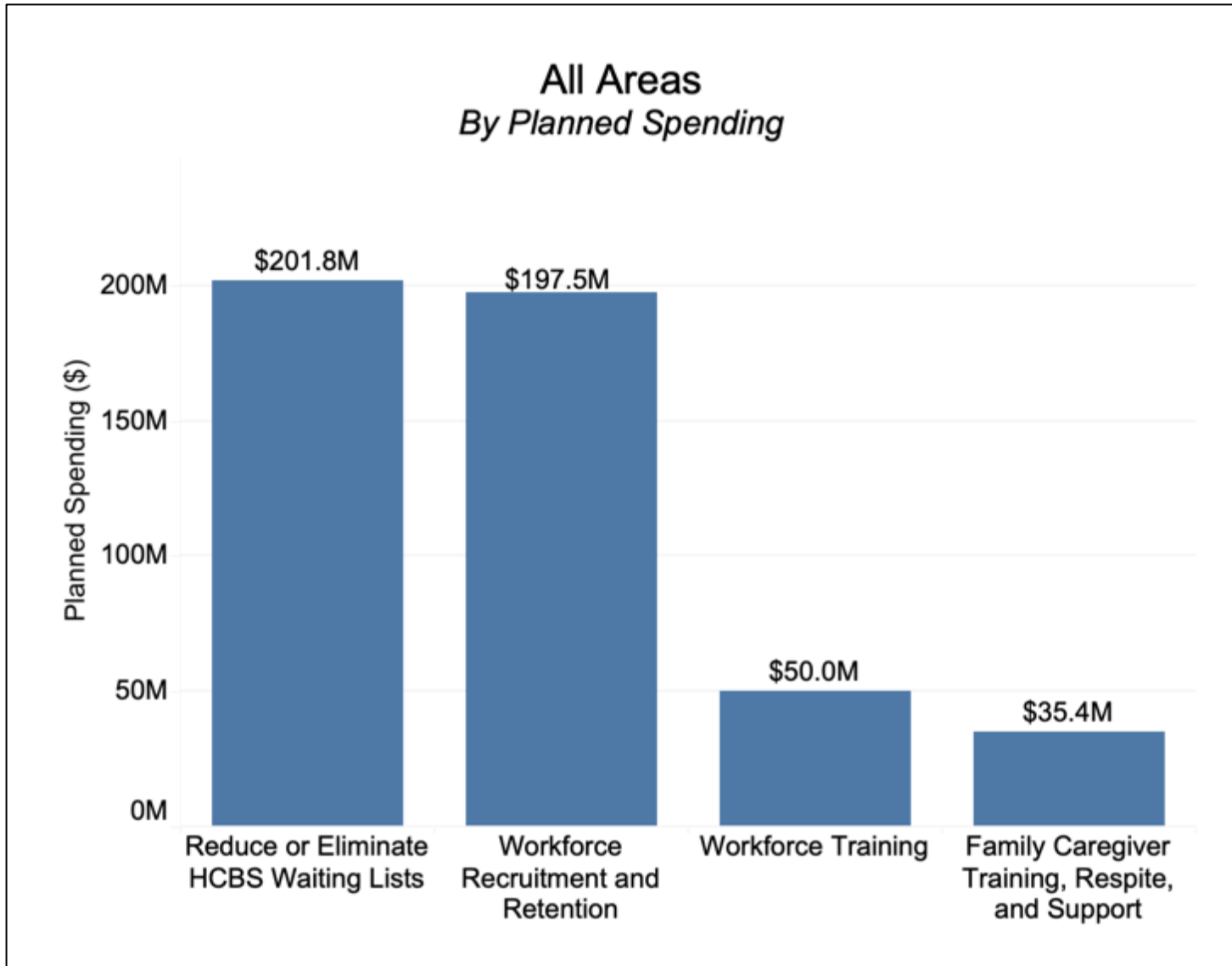
### Enhancement of Home and Community-Based Services (HCBS)

#### Infrastructure: Provide specialized payments for in-state providers:

- Eighty percent (80%) of the total payment was for direct care workforce activities. Direct care workforce activities may include one-time compensation payments, including temporary shift differentials; a one-time compensation adjustment to direct care staff as a method of retention; other types of retention incentives such as paid family leave and paid sick leave; and activities to recruit direct care workers.
- Twenty percent (20%) of the total payment was for equipment and supplies. Equipment and supplies may include expenses related to COVID-19 related equipment, testing supplies, and infection control; telehealth equipment and assistive technology for providers; and other supplies and equipment that enhance the delivery of HCBS.

# American Rescue Plan Section 9817 State Spending Plan Summary

Tennessee



## Activity Highlights

**Wage Increase for Frontline CHOICES and Employment and Community First (ECF) CHOICES Home and Community-Based Services (HCBS) Workforce:** Make targeted rate increases in CHOICES and in ECF First CHOICES that have a direct care component, to better align rates of reimbursement for comparable services. Effective July 1, 2021, an additional \$48.6 million in new state appropriations was approved for increases in direct service provider wages to \$12.50 per hour. Additional rate increases were implemented in CHOICES and Employment and Community First CHOICES on July 1, 2023.

**Employment and Community First CHOICES Referral (Waiting) List:** Serve 2,000 individuals on the Employment and Community First CHOICES waiting list who are actively seeking to receive HCBS through the program. As of June 30, 2023, all 2000 slots have been filled in ECF CHOICES under this activity.



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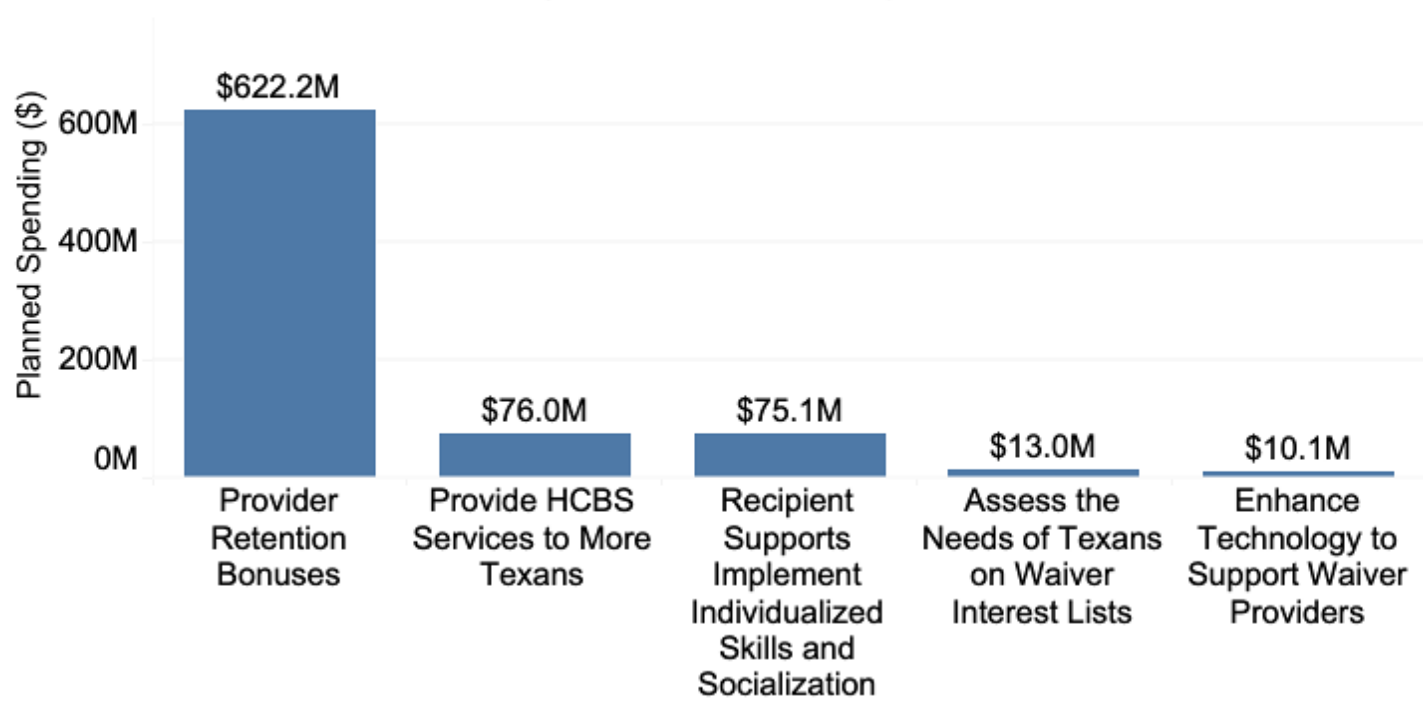


# American Rescue Plan Section 9817 State Spending Plan Summary

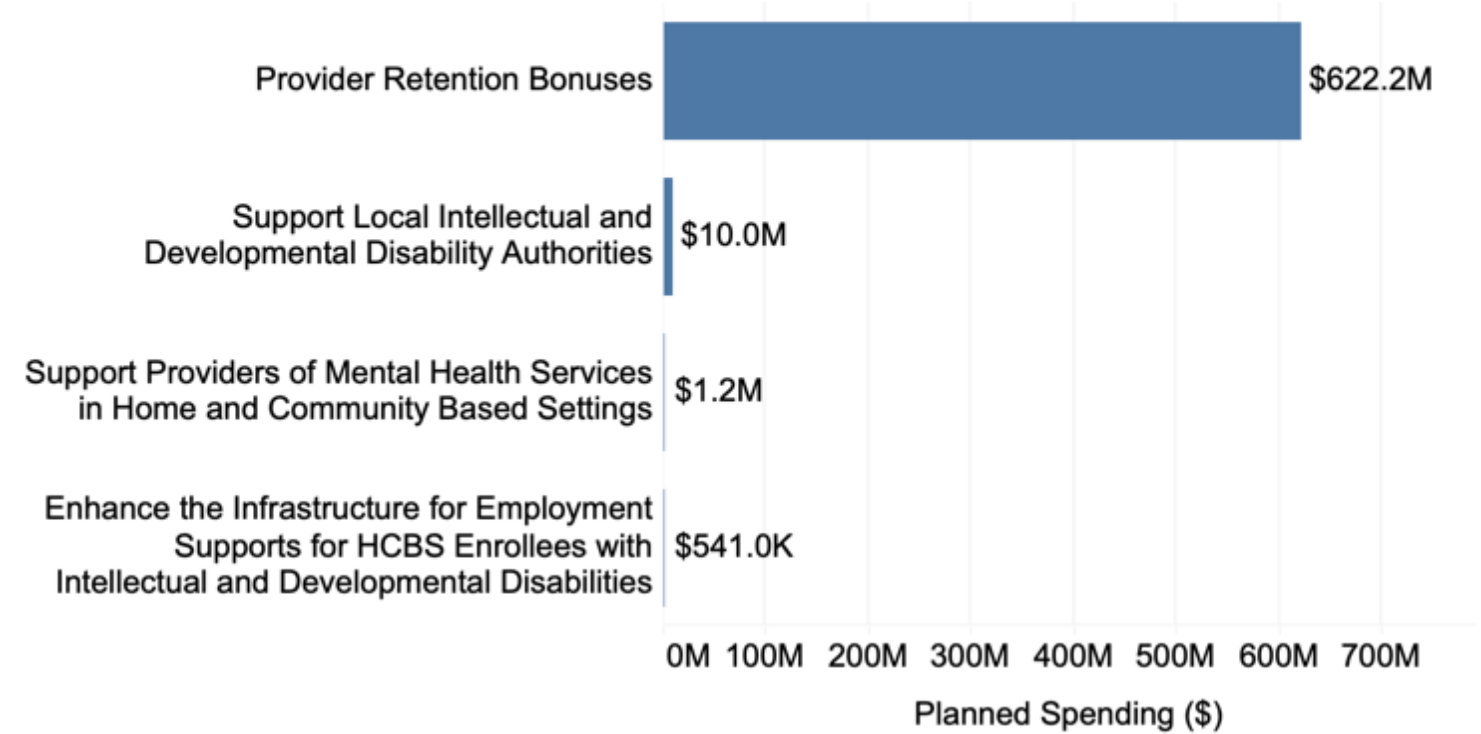
Texas



Top 5 Activities By Planned Spending



Workforce Recruitment and Retention Activities By Planned Spending



## Activity Highlights

**Provider Retention Bonus Program:** Provide time-limited reimbursement increases aimed at strengthening and stabilizing the home and community-based services (HCBS) workforce. Providers and provider agencies will be required to use at least 90% of these funds for one-time financial compensation for their direct care workforce. Providers will be prohibited from using the funds for other methodologies that will result in future reductions in hourly wages when the temporary reimbursement increases are discontinued.

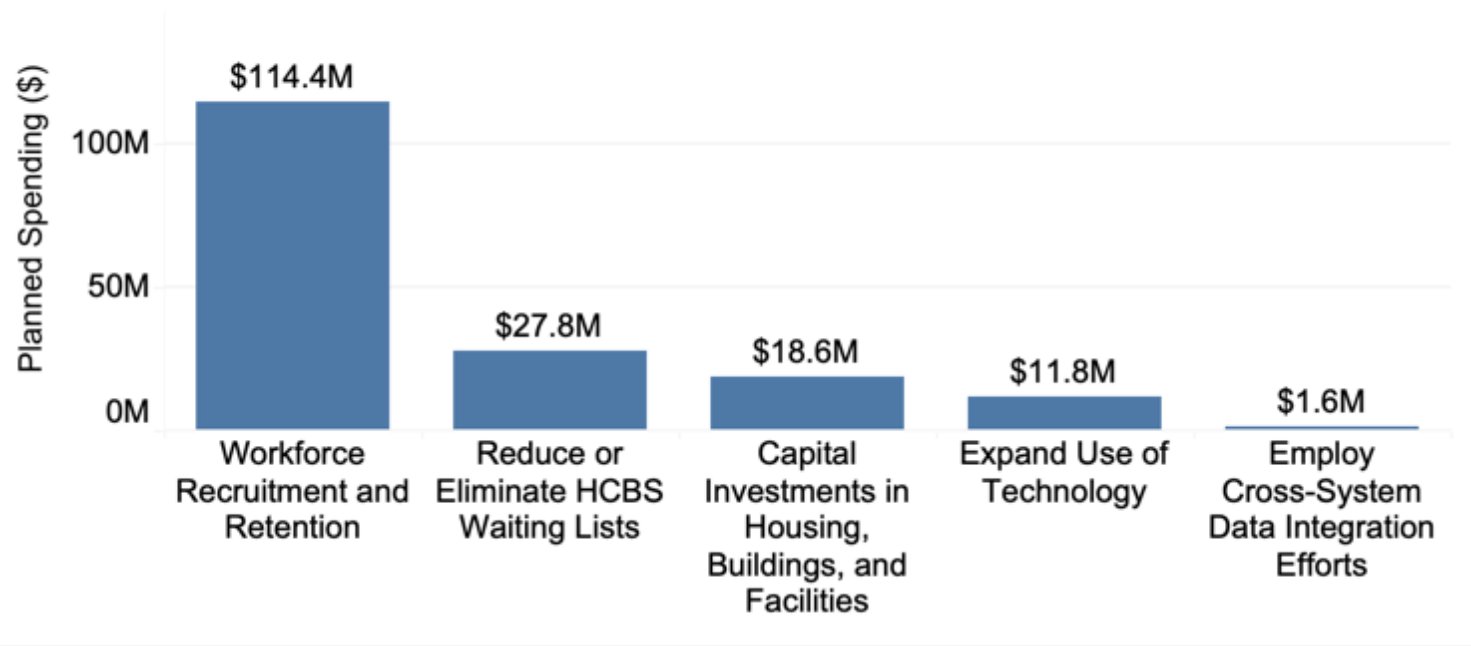
**Recipient Supports: Implement Individualized Skills and Socialization:** Create a new benefit available in certain section 1915(c) waiver programs called individualized skills and socialization. This service will provide on and off-site activities focused on: developing skills; gaining greater independence; socialization; community participation; or an individual's future employment or volunteer goals identified in their person-centered plan.

# American Rescue Plan Section 9817 State Spending Plan Summary

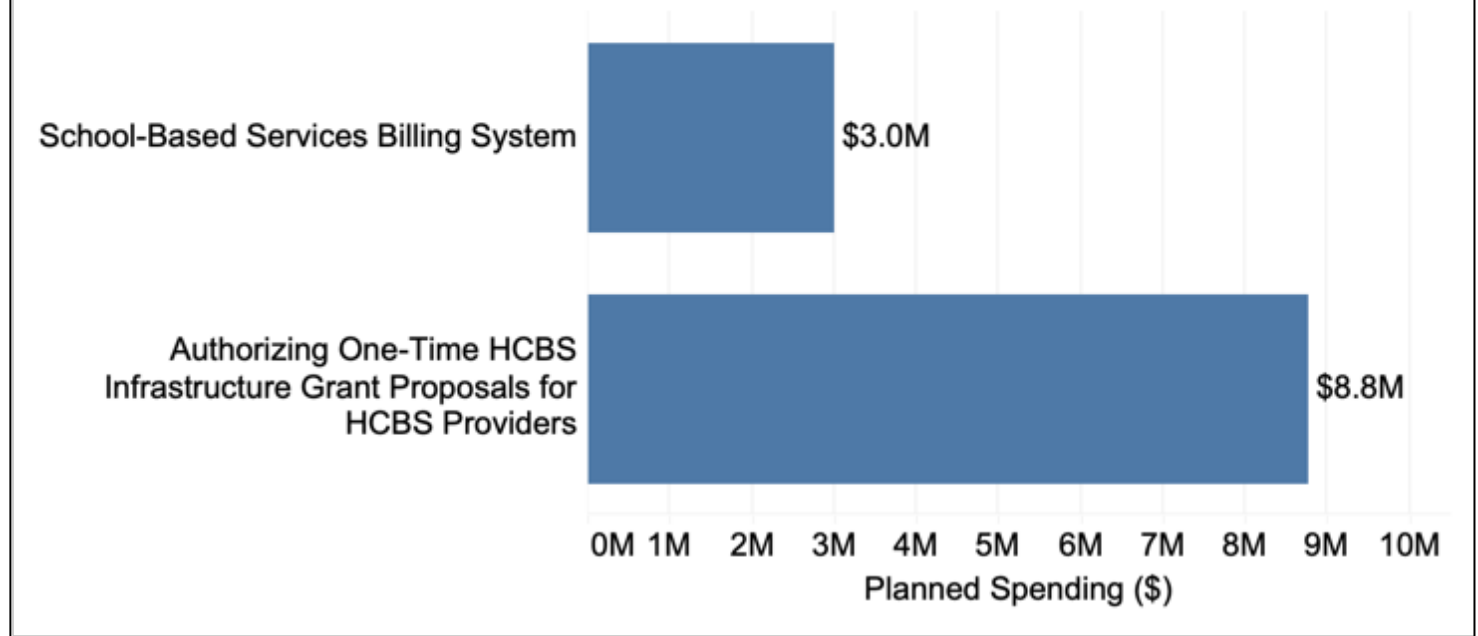
Utah



**Top 5 Areas  
By Planned Spending**



**Expanding Use of Technology Activities  
By Planned Spending**



**Workforce Recruitment and Retention Activities  
By Planned Spending**

Activity Title from the Spending Plan	Total Planned Spend (\$)
Limited Term Supplemental Provider Payments	\$69.4M
Limited Term Supplemental Behavioral Health Provider Payments	\$35.9M
Limited Term Supplemental School Based Skill Development Provider Payments	\$6.1M
State Administration	\$1.9M
Study and Recommend Systemic Approaches to Address Direct Workforce Shortage	\$669.1K
Assessment of Mental Health Needs of Individuals with Intellectual/Developmental Disabilities	\$412.6K

## Activity Highlights

**Limited-Term Supplemental Provider Payments Program:** Make limited-term supplemental payments to home and community-based services (HCBS) providers. Eligibility for quality incentive payments will require providers to attest to meeting certain quality/utilization requirements, such as: supporting direct-care workforce/family caregivers, supporting other COVID-19 related response/expenses, and incentivizing COVID-19 vaccination of HCBS staff and waiver participants.

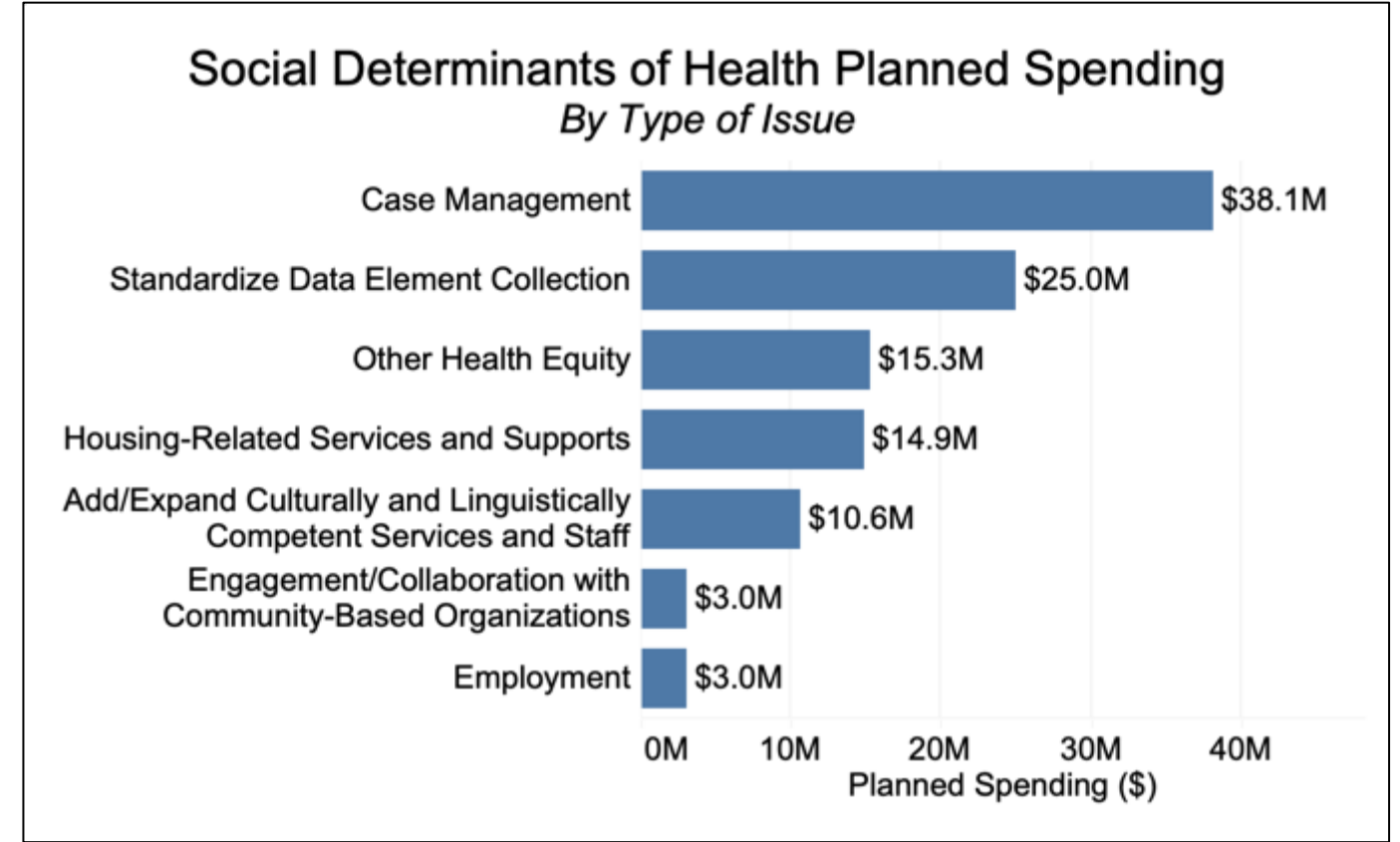
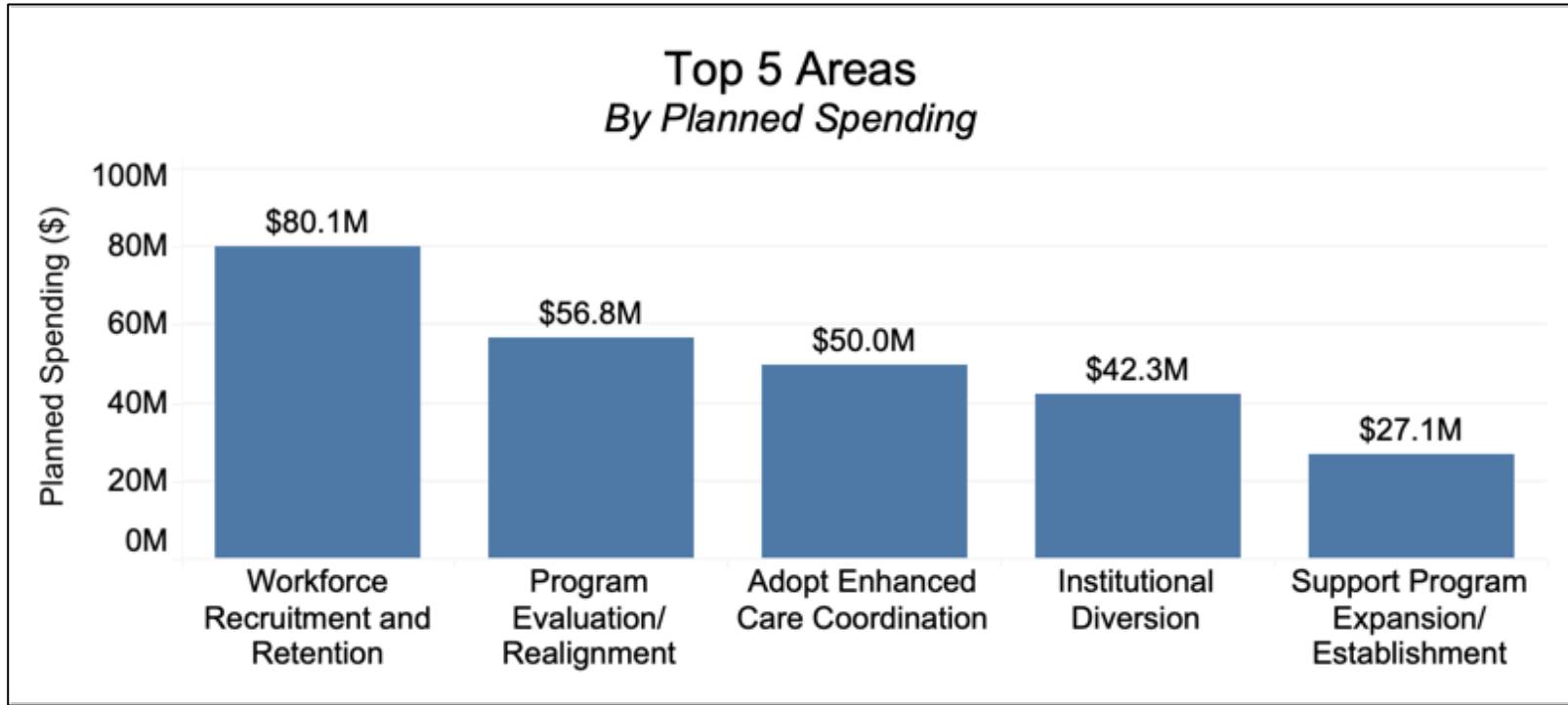
**Assessment of Mental Health Needs of Individuals with Intellectual/Developmental Disabilities:** Offer provider-to-provider based consultation service utilizing the Sources of Distress tool. Work with families and other providers to ensure services are cohesive and address an individual's psychiatric and behavioral health needs by utilizing the Sources of Distress Tool as part of support planning.



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# American Rescue Plan Section 9817 State Spending Plan Summary

Vermont

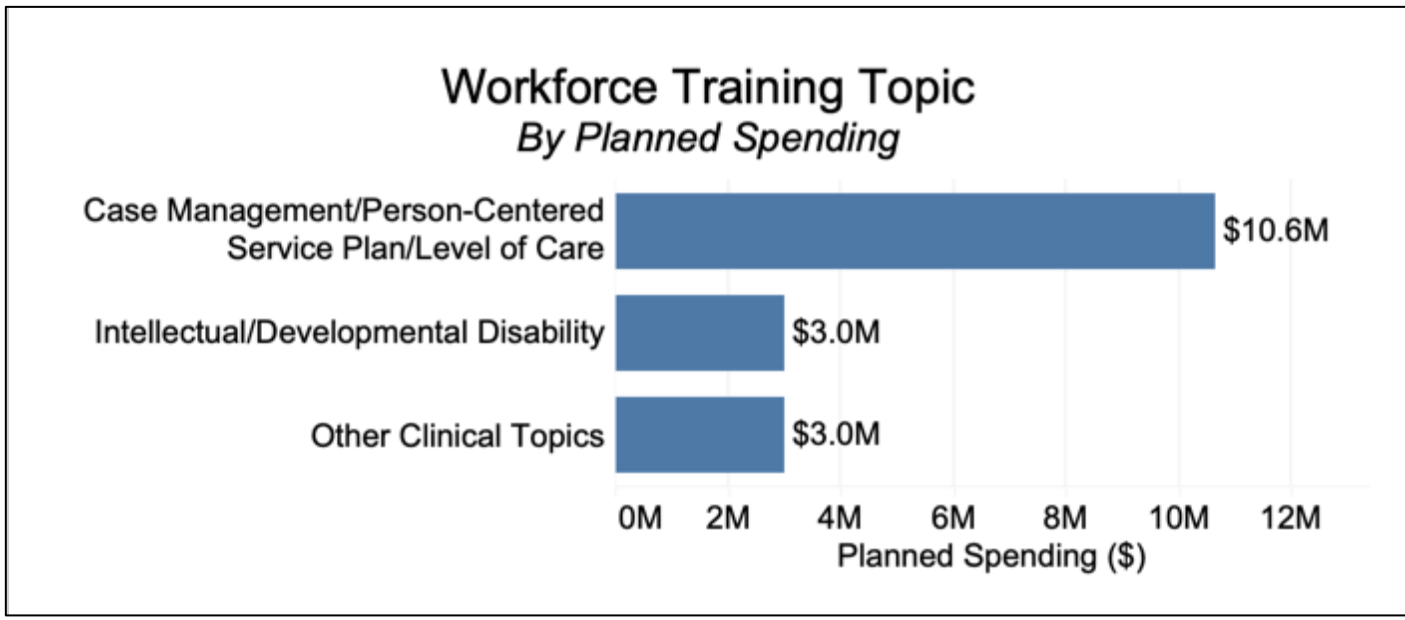


## Activity Highlights

**Home and Community-Based Services Provider Rate Increases:** Provide 3% rate increase to mental health, developmental disabilities, Brain Injury Program, Choices for Care, and the substance use treatment preferred provider network providers, and a \$1.50 per day increase to Assistive Community Care Services rates to address increased wage and operating costs.

**Innovation Grant to Provide Alternatives to Emergency Room Mental Health Crisis Care:** Enable the development and expansion of five models of community-based crisis care to provide alternatives to the emergency room for Vermonters in crisis. The services offered under these models could be covered under the rehabilitative services benefit and are intended to be less than 24-hour outpatient stays.

**Medicaid Data Aggregation and Access Program (MDAAP):** Establish the MDAAP, an incentive program targeting Medicaid HCBS, mental health, and substance use disorder treatment providers that require electronic data record technology. Providers can use incentives to purchase data systems and connect to the Vermont Health Information Exchange, which will enable providers to inform the state's management of the Medicaid program, better serve Medicaid enrollees, and participate in Medicaid-driven value-based payment models.





# American Rescue Plan Section 9817 State Spending Plan Summary

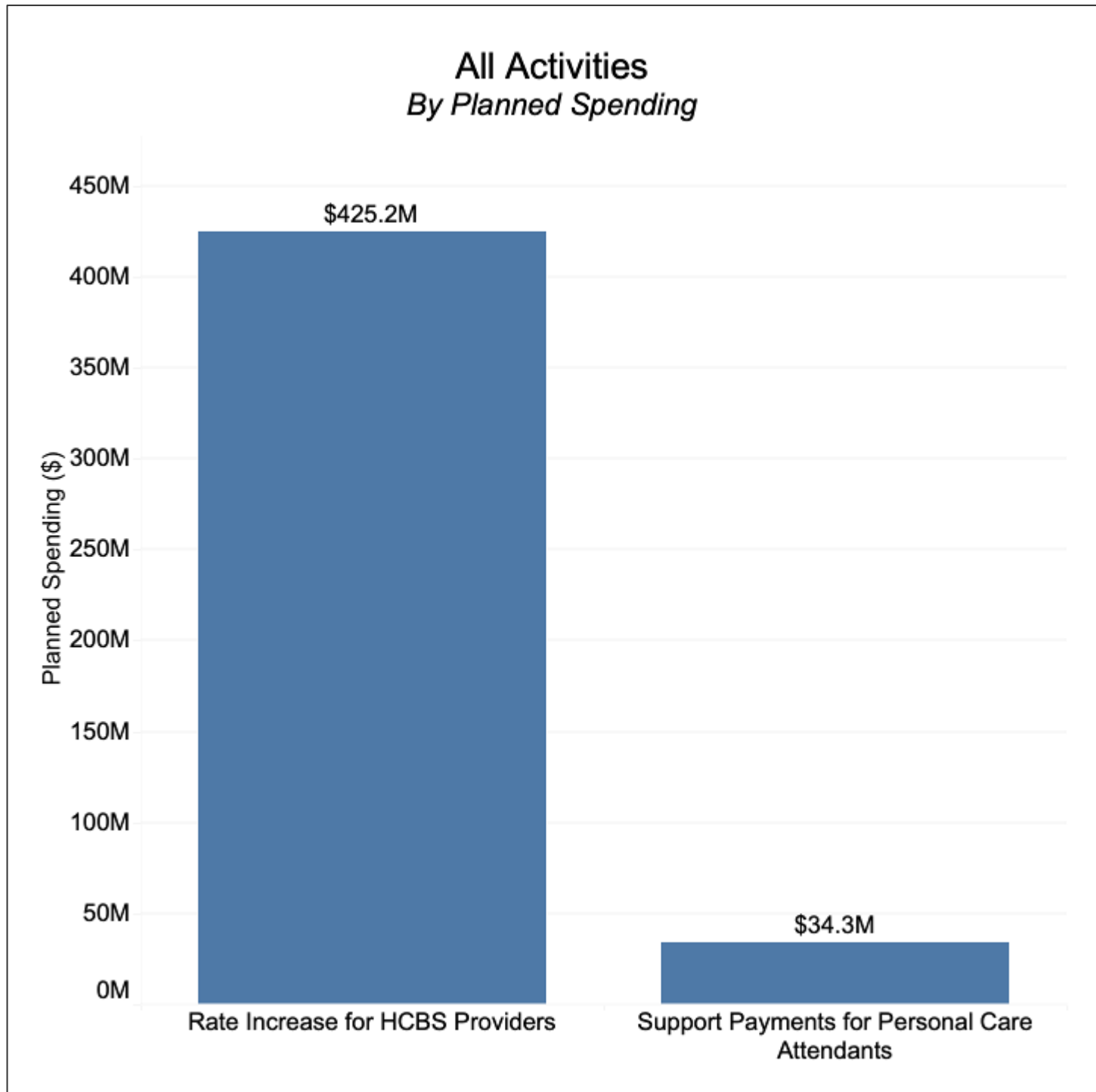
Virginia



**\$459.5M**  
total  
planned  
spending



**2**  
activities  
planned



### Activity Highlights

**Rate Increase for Home and Community-Based Services (HCBS) Providers:** Temporary rates increase of 12.5% for all HCBS services, except for agency and consumer directed personal care, respite, and companion services in the HCBS waivers and Early and Periodic Screening, Diagnostic and Treatment program which received a 12.5% rate increase under Item 313 SSSS. 3. of the 2021 Appropriations Act passed by the Virginia General Assembly. The temporary rate increase covered services provided from July 1, 2021 to June 30, 2022.

**Support Payments for Personal Care Attendants:** Provided \$1,000 support payments to all personal care attendants who provided services to Medicaid members between July 1, 2021 and September 30, 2021. This payment is intended to incentivize retention in the personal care workforce and strengthen personal care services within Medicaid HCBS.

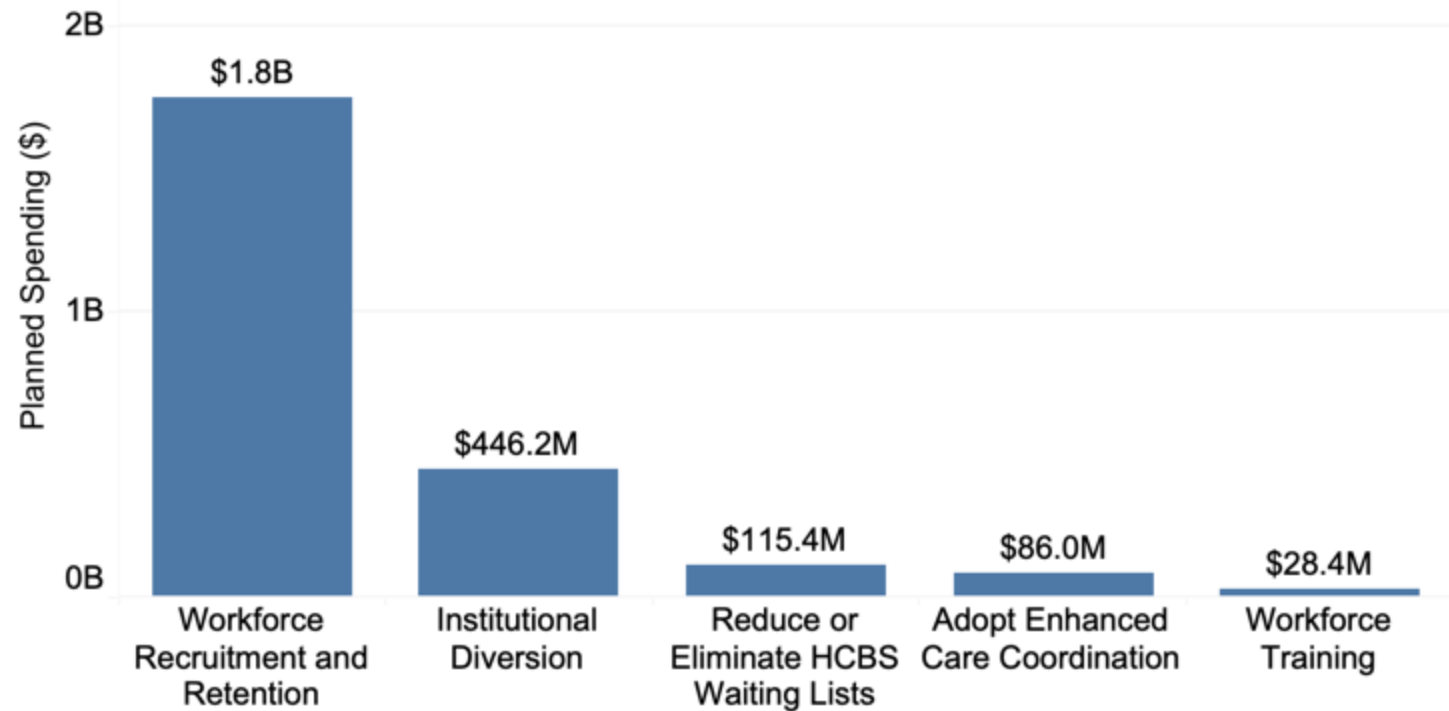
# American Rescue Plan Section 9817 State Spending Plan Summary

Washington

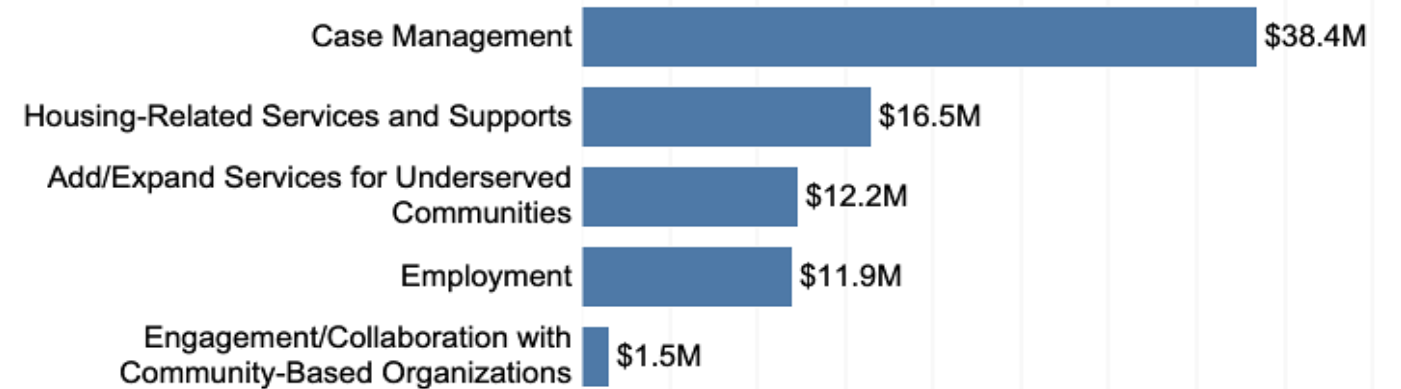
\$2.5B total planned  
\$2.6B total reported spending

52 activities planned

Top 5 Areas By Planned Spending



Social Determinants of Health Reported Spending By Type of Issue



## Activity Highlights

**Substance Use Disorder (SUD) Family Navigators:** Fund grants for family navigators, who will work to advance the peer workforce and increase the knowledge and skills of peer support providers in working with adults, families, and youth experiencing SUD. This project provides a 16-hour online training for parents, family members, and caregivers, as well as a Train-the-Trainer event that focuses on training roles for young adults with lived experience.

**High School Transition Students:** Support youth with developmental disabilities transitioning out of public schools to receive employment and day services. Capacity expansion of the Basic Plus waiver will support individuals exiting high school transition programs to have long-term employment supports.

**Adult and Youth Mobile Crisis Teams:** Increase local behavioral health mobile crisis response team capacity and ensure each region has at least one adult and one children and youth mobile crisis team that can respond to calls coming into the 988-crisis hotline. The state created six children and youth mobile crisis teams, and it will ensure there is one children and youth mobile crisis team in each region. As of the beginning of 2023, 5 of the 6 youth teams are active and providing services. Additionally, the state will establish standards in contracts with managed care organizations and behavioral health administrative service organizations for the services provided by these teams.

# American Rescue Plan Section 9817 State Spending Plan Summary

West Virginia

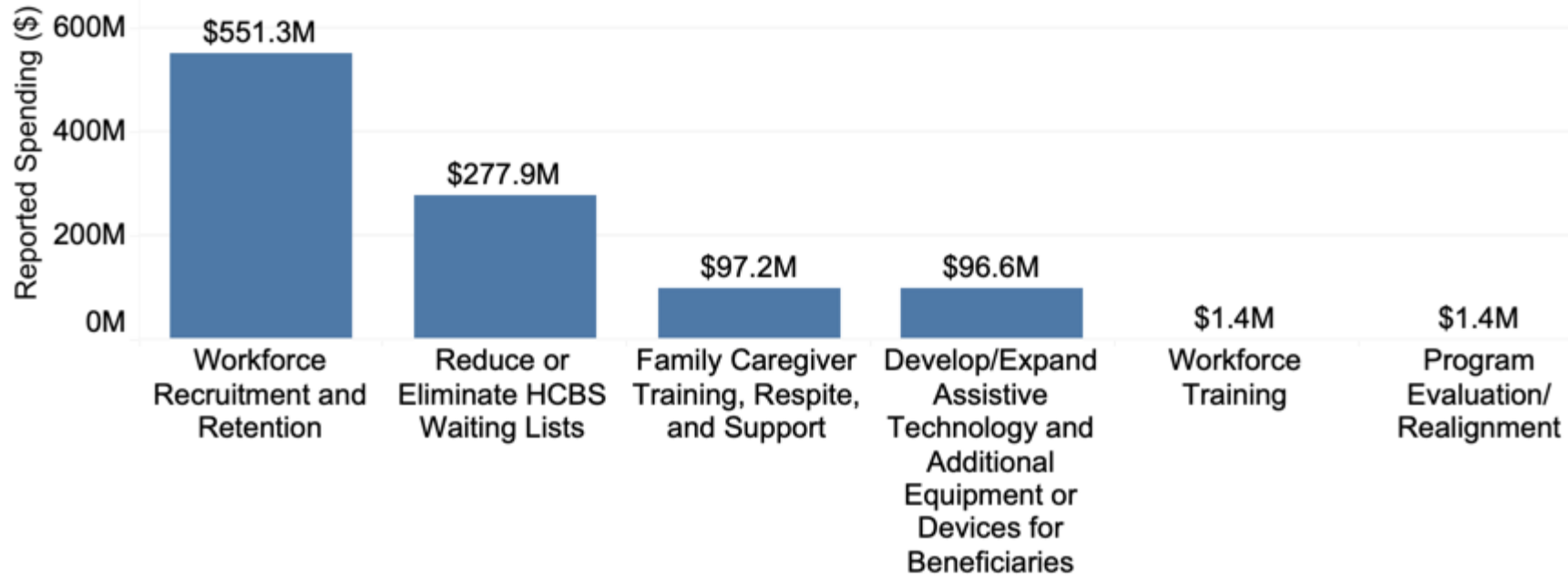


\$574.1M  
total planned  
1.3M  
reported  
spending



11  
activities  
planned

Top 5 Areas  
By Reported Spending



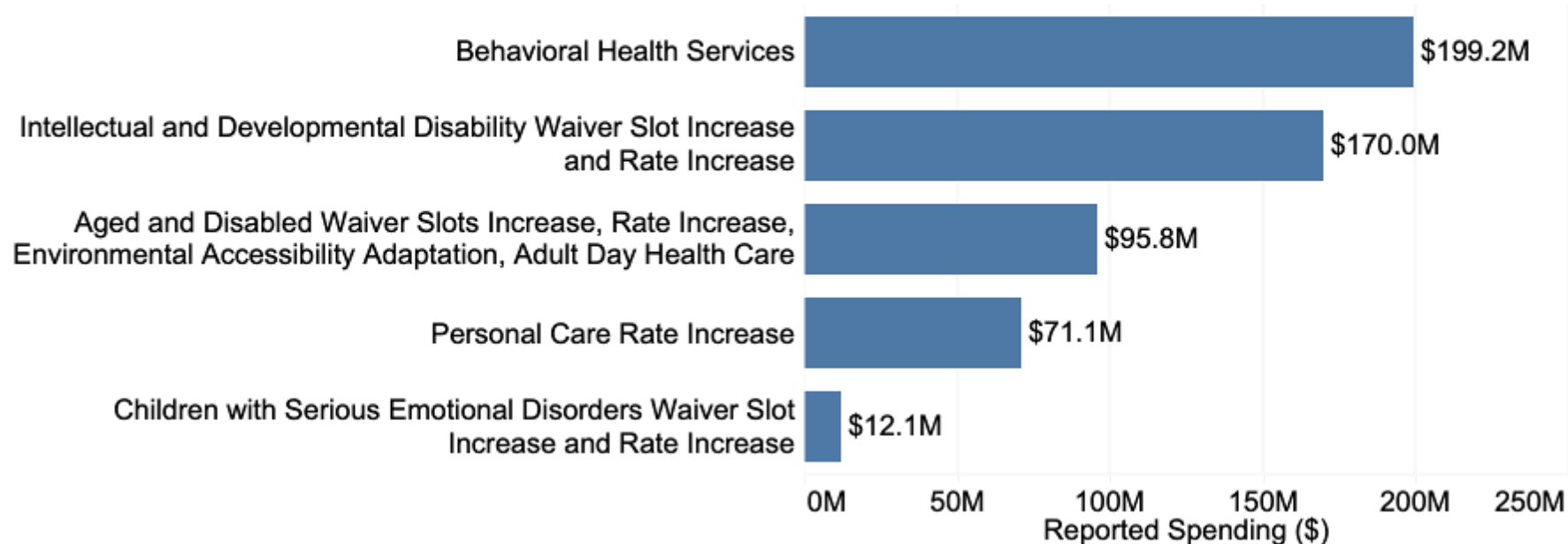
## Activity Highlights

**Intellectual and Developmental Disabilities Waiver (IDDW) Slot Increase and Rate Increase:** From April 2021 to March 2022, add an additional 50 slots to the IDDW to increase capacity. From April 2022 forward, the number of additional slots will rise to 100. Additionally, increase IDDW rates by 50%, with the understanding that the increase will be passed on to direct-care workers in the form of incentives, which may include retention bonuses, increased wages, hiring bonuses, increased benefit packages, and other inducements. From April 2022 forward, the increased IDDW rates will continue at 5%.

**Expansion of Crisis Services:** Expand existing mobile crisis response and stabilization teams and offer these services to adults. In addition, expand a currently grant-funded program that provides intervention for individuals who have experienced an overdose or acute behavioral health episode.

**Loan Repayment Grants through Bureau for Behavioral Health:** Offer loan repayment assistance to mental healthcare professionals who agree to practice in a community behavioral or substance use disorder field in West Virginia. Applicants must agree to a minimum two-year service contract.

Top 5 Workforce Recruitment and Retention Activities  
By Reported Spending





# American Rescue Plan Section 9817 State Spending Plan Summary

Wisconsin

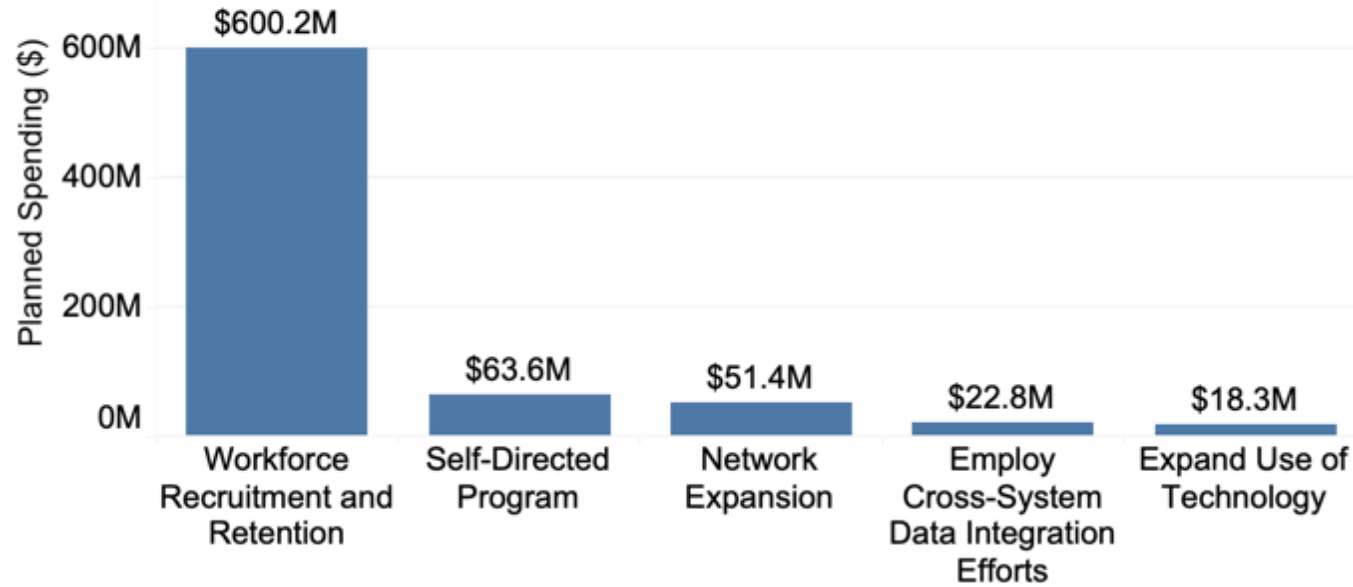


**\$783.7M**  
total planned  
**\$247.1M**  
total reported  
spending

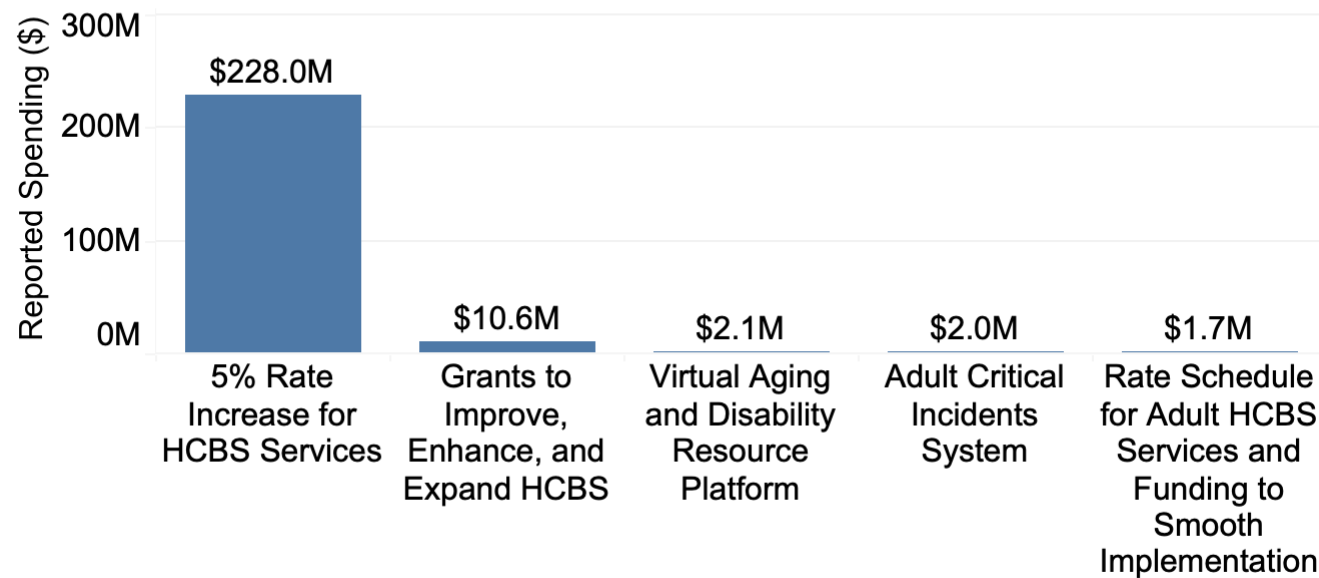


**20**  
activities  
planned

**Top 5 Areas**  
*By Planned Spending*



**Top 5 Activities**  
*By Reported Spending*



## Activity Highlights


**5% Rate Increase for Home and Community-Based (HCBS) Services:** Provide a 5% rate increase for qualifying HCBS.

**Direct Care Professional Certification & Registry:** Create a new Direct Care Professional Certificate in Wisconsin, including a competency test, a public registry, and a system to track individuals from training to competency, employment, and retention. Additionally, implement a marketing and advertising campaign to target recruitment of new Direct Care Professionals.

**Tribal Long-Term Care System Development:** Further develop systems that address Wisconsin tribal nations' unique cultural and policy needs. A major component of the activity is to make home repairs and renovations for persons with a qualifying diagnosis that typically leads to functional limitations and negatively impacts the individual's ability to live independently. The funding will be equally distributed to the 11 federally recognized tribes in Wisconsin.

# American Rescue Plan Section 9817 State Spending Plan Summary

Wyoming



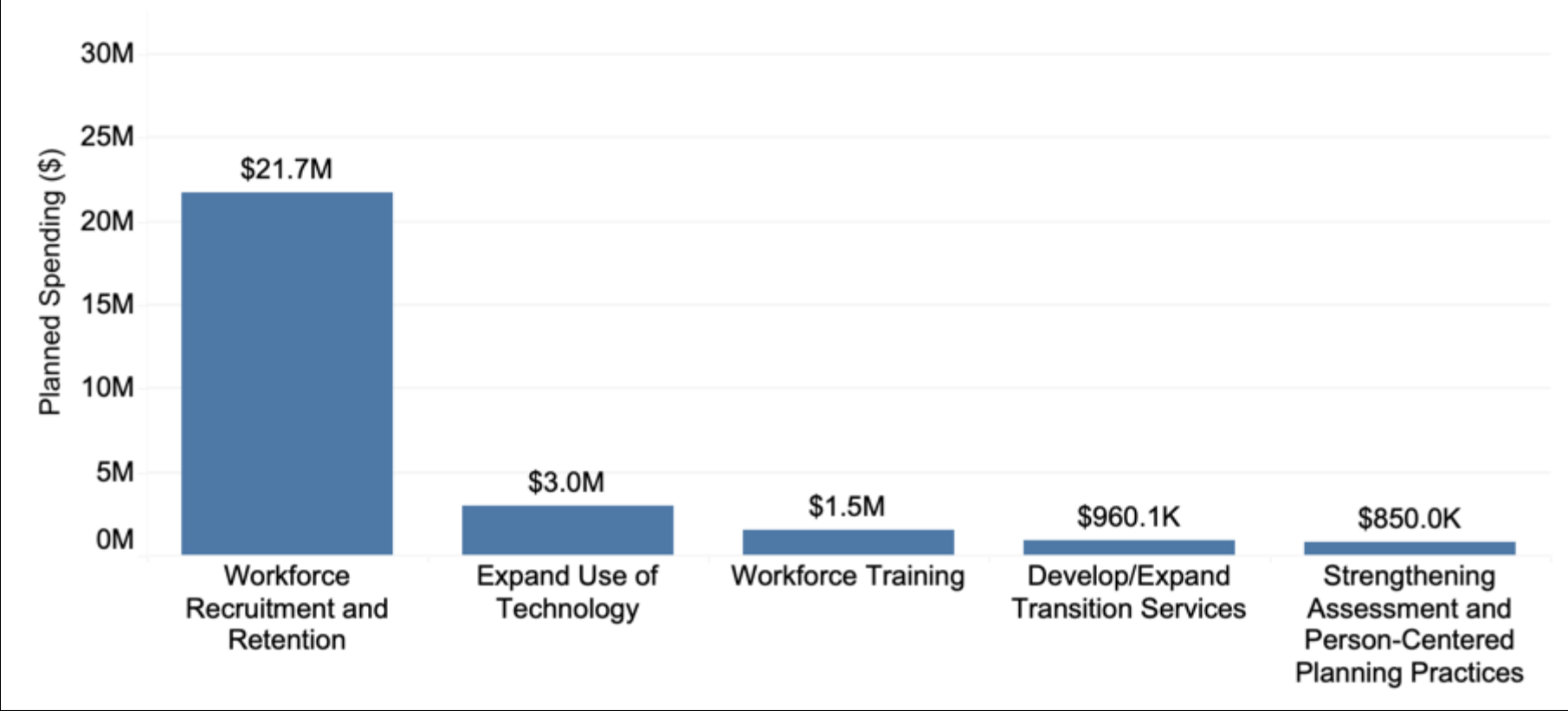
**\$29.2M**  
total planned

**\$8.1M**  
reported spending



**11**  
activities planned

**Top 5 Areas  
By Planned Spending**



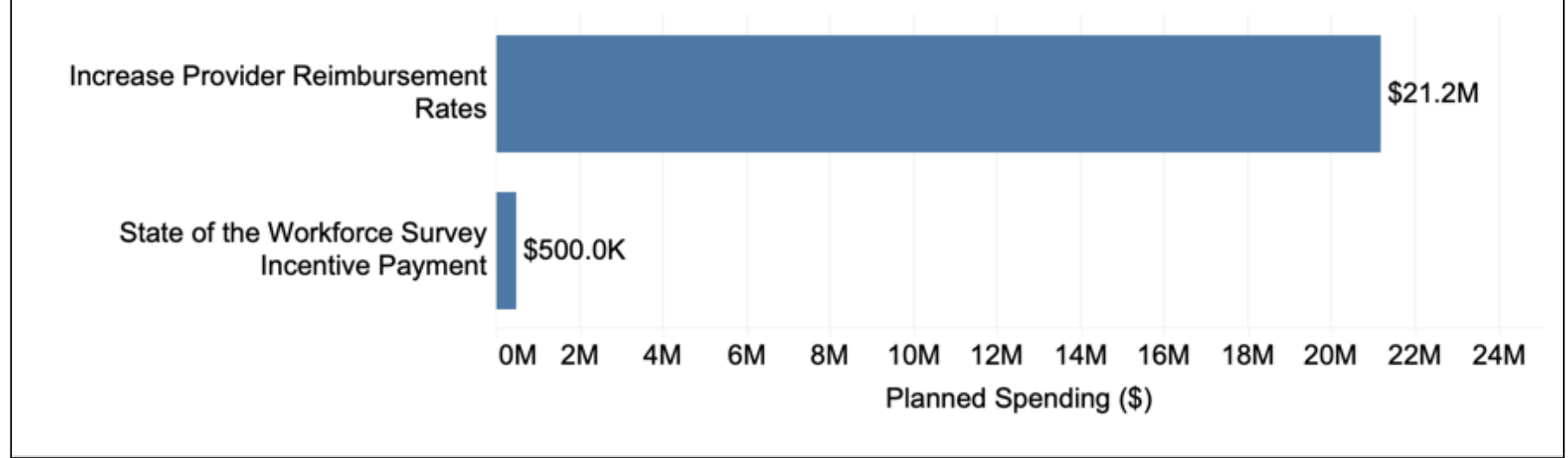
## Activity Highlights

**Increase Provider Reimbursement Rates:** Increase provider reimbursement rates of selected home and community-based services (HCBS), including the Care Management Entity and Children’s Mental Health Waiver, for the purpose of elevating the compensation for direct support professionals, improving provider recruitment and retention, and ensuring network adequacy.

**Support Innovative Technology Projects Through the Award of Innovation Grants:** Support provider projects that meet identified criteria and are intended to enhance, expand, or strengthen HCBS. Innovative projects may address remote or virtual support services, equipment purchases that support participant communication and access to needed services, staff development and training, and other technology projects identified by the provider. Internet connectivity costs are not included in this initiative.

**Create Community Transition, Environmental Modification, and Homemaker Services:** Fund initial set up costs that individuals incur when they transition from nursing facilities back into their community. Covered costs may include security deposits, utility activation fees, and basic furnishings. Room and board costs will not be covered under this service.

**Workforce Recruitment and Retention Activities  
By Planned Spending**



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