



DELAWARE HEALTH AND SOCIAL SERVICES

Delaware Division of Medicaid & Medical Assistance

To: Home and Community-Based Services (HCBS) Stakeholders
From: Stephen M. Groff, Director, Division of Medicaid and Medical Assistance
Date: October 5, 2022
RE: American Rescue Plan (ARP) HCBS Spending Plan Update

OVERVIEW

The American Rescue Plan (ARP) Act allows states to claim a 10% increase in federal matching funds on current Medicaid home and community-based services (HCBS) expenditures from April 1, 2021 to March 31, 2022. In this context, HCBS is broadly defined and includes services provided in the Diamond State Health Plan (DSHP)-Plus, Lifespan Waiver, as well as many of the Medicaid behavioral health rehabilitative services administered through the Medicaid (DSHP) health plans and Division of Substance Abuse and Mental Health (DSAMH) (through PROMISE).

The Division of Medicaid and Medical Assistance (DMMA), in collaboration with partner Delaware Health and Social Services (DHSS) Divisions, has the opportunity to earn an additional 10% on eligible expenditures and reinvest these funds in activities that expand, enhance or strengthen HCBS.

On December 8, 2021, the Centers for Medicare & Medicaid Services (CMS) granted partial approval to Delaware's enhanced federal match percentage (FMAP) Spending Plan for HCBS, allowing the State to begin drawing down the 10% enhanced FMAP for currently provided HCBS services.

This funding must be used to supplement, and not supplant, current expenditures and must be spent by March 31, 2025. DMMA has partnered with the following divisions for the initiatives identified in HCBS Spending Plan:

- Division of Developmental Disabilities Services (DDDS)
- Division of Health Care Quality (DHQ)
- Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)
- Division of Substance Abuse and Mental Health (DSAMH)

HCBS SPENDING PLAN

Delaware's Medicaid program is claiming enhanced federal match (\$52+ million) through the ARP Act, and is listening to the community for the best ways to use that funding to support HCBS. In order to claim this temporary enhanced federal funding, states must develop and submit a detailed spending plan to CMS for approval and provide updates to the plan quarterly until all funds are spent. The Spending Plan is required to outline how the state plans to sustainably reinvest these dollars to enhance, expand, or strengthen HCBS in the state.

Delaware's initial HCBS Spending Plan and subsequent quarterly HCBS Spending Plan updates include initiatives involving DMMA, DDDS, DSAAPD and DSAMH, and total approximately \$22.1 million in federal funding for the following categories:

- Workforce: retaining and building a high-quality network of HCBS providers
- Services: enhancing capacity, access and promotion of HCBS services
- Infrastructure and Support: strengthening HCBS delivery system and expanding models of care

Delaware's submitted Spending Plans, quarterly updates, and information on other state plans can be found on the [DMMA website](#).

APPROVED ACTIVITIES TO IMPLEMENT THROUGH ARP FUNDS

- **Retention/Recruitment Payments for Direct Service Professionals (DSP) including DSP's who provide self-directed services**
 - This activity supports a retention payment of \$1,000 to DSPs (including self-directed providers) employed by any DDDS HCBS service provider prior to April 30, 2021 and who work 25 hours or more per week. DSPs hired since May 1, 2021, by any HCBS service provider, and who work 25 hours or more per week, are eligible for a series of recruitment payments, totaling \$1,000. Each DSP is eligible for only one type of payment and a total of \$1,000.
 - DMMA has worked with its MCOs, along with DSAAPD and DDDS, on a process related to these payments to avoid duplication, as each DSP's may only receive one retention or recruitment payment. DMMA's contracted MCOs have held a provider training on the invoicing process, and providers may begin invoicing the MCOs for payment beginning this month.
 - DDDS has begun issuing retention and recruitment payments directly to providers.
 - DSAAPD is working to finalize its processes related to these payments and will be communicating with its contracted providers regarding next steps soon.
 - DSAMH is actively working on the identification of DSP's in the behavioral health system who will be eligible for DSP recruitment and retention payments. More detail will be included in the October 2022 Spending Plan submission.
- **Substance Use Disorder (SUD) Provider Rate Increase**
 - DMMA is implementing a rate increases for SUD providers, effective January 1, 2023. These rate increases were based on a rate study DMMA previously conducted in December 2020, and vary by service with a focus on community-based and residential SUD providers for adult Medicaid beneficiaries.
- **Respite for Caregivers of Children with Complex Medical Conditions and Behavioral Health Needs**
 - As a direct result of feedback from our stakeholders, DMMA is developing a Medicaid-funded respite service for caregivers of children with complex medical conditions, severe emotional disorders, and dual diagnoses of mental health and intellectual or developmental disabilities (I/DD).
 - This new service will go into effect January 1, 2023 and has been submitted to CMS via an amendment to the 1115, and DMMA will be doing specific public forums to discuss this new service in October. Stay on the lookout for this announcement.
- **Rate Study for DSPs**
 - DMMA is in the planning place of this project, which will include a rate study for DSPs supporting members in DSHP, DSHP-Plus, or state-funded services through the DSAAPD to assess the adequacy of current reimbursement rates.
- **Long-Term Services and Supports (LTSS) Strategic Planning Study**
 - DMMA is currently determining the scope of this study to assess the current long-term services and supports (LTSS) delivery system in the State, and develop recommendations for short term and long-term changes to the LTSS infrastructure in order to support Delawareans in receiving their LTSS in the settings of their choice. The study will include exploration of key LTSS themes identified by stakeholders via the feedback process for the development of the Spending Plan.

- **Critical Incident Management System Upgrade**
 - This multi-phase project will begin with a review and update of existing policies and procedures to align with practices and processes across DMMA partner agencies and national best practices. This review will inform the basis of business requirements for an integrated Incident Management IT System procurement as the second phase of this work.
 - DMMA has convened a DHSS cross-divisional work group to begin development of a more coordinated approach of the review and reporting of incidents, particularly for individuals who are served in multiple delivery systems. This work group is also tasked with the development of system specifications for the procurement of an IT solution that can be used across divisions.
 - DMMA will have the single state Medicaid-agency line of sight into incidents for all Medicaid members, and if a division already has an automated incident management solution, this data will be fed into any new system.
- **No Wrong Door Information Technology Upgrade**
 - DSAAPD continues to work on operationalizing this activity, which plans enhancements to the Aging and Disability Resource Center to create a No Wrong Door (NWD) Information Technology (IT) infrastructure. The transition to NWD will require enhanced IT adaptations to properly support all key functions.
- **Support for Local Contact Agencies**
 - DSAAPD continues to work on operationalizing this activity, which delegates Local Contact Agency (LCA) functions to Delaware's two Centers for Independent Living (CILs) and strengthen operations, hire necessary staff and/or obtain contractual help, and engage in strategic planning to outline the process for CILs to serve as the LCA for MDS options counseling to support members who may wish to return to the community following an institutional stay.
- **Education, Marketing and Outreach on HCBS and Delaware's No Wrong Door**
 - DSAAPD continues to work on operationalizing this activity, which plans for a one-time investment in a comprehensive education, marketing, and outreach campaign aimed at educating the general public about HCBS options available throughout the State.

ACTIVITIES UNDER CMS REVIEW

There is one proposed initiative currently under review by CMS. Once CMS approval is received, DMMA will work to operationalize this project.

- **Improved Coordination of Care for Children and Adults with Complex Medical Needs**

NEW ACTIVITIES PROPOSED IN JULY 2022 QUARTERLY UPDATE

CMS is currently reviewing the following activities DMMA proposed in the July 2022 update of the Spending Plan:

- **HCBS Innovation Pilot Grants**
 - DMMA has proposed an Innovation Pilot Grant process to support ideas from external stakeholders and evaluate whether such ideas would work for the Medicaid HCBS program at large. Grants will be aimed at projects prioritizing workforce retention, support for family caregivers, health-related social needs, or expanding access to independence-enhancing technologies.

- HCBS Innovation Pilot Grants would support select providers, advocacy organizations, provider associations and/or other entities related to the field of Medicaid-provided HCBS with financing the pilot and evaluation of the HCBS pilots. Grantees would share evaluation results with DMMA.
- DMMA is currently drafting a grant application and will release publically once CMS approval to use HCBS enhanced FMAP funds is secured.
- **Registered Behavioral Technician (RBT) Workforce Development**
 - DDDS has proposed an amendment to the 1915(c) Lifespan waiver to include direct support services provided by a DSP who has been certified as an RBT to Residential Habilitation, Supported Employment, Day Habilitation and Pre-Vocational Services.
 - DDDS has proposed to jump start the development of this new career path for DSPs by offering a robust opportunity to train and support DSPs to obtain RBT certification. Through this proposal, DDDS aims to offer financial support for up to 100 DSPs to engage in formal training and become certified as an RBT each year for the next three years: 2022, 2023 and 2024.
- **Co-Occurring Gap Analysis by the National Center for START Services**
 - DMMA has proposed using enhanced FMAP funds to support a co-occurring gap analysis to be conducted by the National Center for START Services (NCSS). The Service System Analysis is designed to assess the effectiveness of an area’s community system of care in addressing the needs of individuals with IDD and co-occurring MH conditions.
 - This system analysis will provide a summary of available resources and strengths as well as challenges to supporting individuals with IDD and MH conditions and their families in the community. Data will be collected on the existing delivery system, including a survey distributed to gather input on service experience and needs; a Medicaid claims data review; and an on-site meeting with stakeholders and the established task force to discuss the existing system.
- **Assessment of Deaf and Hard of Hearing Residents by the PAHrtners Deaf Services**
 - DMMA proposes to contract with PAHrtners Deaf Services to complete an assessment for 25 deaf individuals with IDD. These assessments will focus on the Behavioral Support Plans (BSP) in place for these individuals to ascertain that the behaviors indicated in the BSP are attributable to behavioral support needs, and not to a lack of knowledge of specific communication needs or cultural adaptations required of each individual. (A written assessment and recommendations will be provided for each individual.)
 - This work will require a review of each BSP, a review of the clinical and residential records, an assessment of each individual and consultation with support staff, family members and other collateral contacts.

NEW ACTIVITIES PROPOSED IN OCTOBER 2022 QUARTERLY UPDATE

DMMA is working with its partners to determine other initiatives to be included in the upcoming October submission of the Spending Plan. In partnership with DSAMH, the following one-time funded SUD projects listed below will be included in the October submission:

- Substance Use Disorder Provider Rate Increase
- SUPPORT Demonstration Project Administration
- Substance Use Disorder Prevalence Study Updates
- Substance Use Disorder Prevalence Dashboard Updates
- Comprehensive Medicaid Substance Use Disorder Provider Directory

- Certified Community Behavioral Health Clinic Stakeholder Engagement and Strategic Planning
- Preferred Office-Based Opioid Treatment Design Support
- Preferred Office-Based Opioid Treatment Planning Grants
- Pregnant and Parenting People (PPP) Living with Opioid Use Disorder Technical Assistance and Project ECHO
- Pregnant and Parenting People (PPP) Living with OUD Planning Grants
- Mental Health Service Cost and Rate Study

Other initiatives included for the October submission include:

- DDDS DSP Recruitment, Outreach, and Marketing Campaigns
- Supportive Housing Pilot
- DSP Workforce Initiative Roadmap
- DSAMH DSP Recruitment and Retention Payments

HOW CAN I GET INVOLVED?

DMMA welcomes community feedback on ways to enhance, expand, and strengthen Medicaid HCBS through one-time and time-limited investments. To submit additional feedback, comments or questions about activities proposed as part of the HCBS Spending Plan or activities you would like to see supported, please contact MedicaidInfo@Delaware.gov.

Sincerely,

Stephen M. Groff

Director
Division of Medicaid and Medical Assistance