

**Spending Plan for Implementation of American
Rescue Plan Act of 2021,
Section 9817**

**Additional Support for Medicaid Home and Community-Based
Services during the COVID-19 Emergency**



**QUARTERLY UPDATE
April 2022 through June 2022
as of July 18, 2022**

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Letter from the Hawaii State Medicaid Director

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STATE OF HAWAII
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July 15, 2022

Mr. Daniel Tsai
Deputy Administrator and Director
Centers for Medicare and Medicaid Services (CMS)
Center for Medicaid and CHIP Services
7500 Security Boulevard
Baltimore, Maryland 21244

Dear Mr. Tsai:

Re: Hawaii Section 9817 Quarterly Spending for American Rescue Plan Act (ARPA)

Please find enclosed the ARPA HCBS Quarterly Spending Plan to Implement ARPA Section 9817 for the period of April 1, 2022 thru June 30, 2022. As required for this submission, the State has provided a full narrative update as applicable. This spending plan includes the full financial summary.

We appreciate the continued support and partnership from CMS as we continue the work on this initiative.

Please direct any questions to me at jmohrpeterson@dhs.hawaii.gov or to Ms. Edie Mayeshiro at emayeshiro@dhs.hawaii.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Judy Mohr Peterson".

Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

AN EQUAL OPPORTUNITY AGENCY

Executive Summary

Hawaii's 2022 January through June Quarterly Update for the American Rescue Plan Act (ARPA) §9817 of 2021.

Hawaii's commitment to the ARPA HCSB effort remains strong and is guided by our vision and guiding principles as they relate to our HOPE vision. Hawaii remains committed to the goals outlined in our initial spending plan submitted on July 12, 2021. These will not be repeated here and can be referenced and reviewed in our initial Spending Plan.

Beginning the process on September 14, 2021 and through a partial approval letter received on February 15, 2022, Hawaii received partial approval for all of its Spending Plan initiatives except for "Create a Fund to Pay for Guardianships" and "Add Representative Payee services". Based on the feedback from CMS, Hawaii is currently evaluating whether to proceed with these two initiatives.

To date, Hawaii has expended \$5,112,142 ARPA HCBS funds. Work is still in progress to implement the 37 initiatives designed to enhance, expand, or strengthen HCBS under Hawaii's approved waiver programs. Spending Plan projections were updated to reflect implementation delays with affected initiatives, resulting from overall program capacity limitations. These updates were mostly for expenditures that did not occur as expected in Year 1; Year 2 and Year 3 projections were partially modified to reflect this decreased spend in Year 1. Hawaii understands that there are now four total years to complete activities related to ARPA §9817, and to that end we plan to add a 'Year 4' to our financial Spending Plan Projections in the next quarterly update.

ARPA §9817 Attestations

- Hawaii is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Hawaii is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Hawaii is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Hawaii is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and

- Hawaii is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

QUEST Integration (QI) Initiatives

Planning and implementation activities continued in the current quarter for the 23 QI initiatives. A project management structure is in place for these initiatives to monitor/update progress, identify risks and issues, make strategic decision, and report results to constituents. Dollars for certain initiatives have been added to proposed health plan capitation rates submitted to CMS, and plans have been asked to modify contracts with the specific agencies and providers to account for these additional dollars; these proposed capitation rates will not be paid to health plans until CMS approves the rate package. Other initiatives require additional authority from CMS before the state can begin delivery of service; these relevant submissions to CMS are being drafted and will be submitted as soon as feasible.

Outstanding questions remain on two initiatives that were included on the initial Spending Plan submission. Hawaii is evaluating whether to continue with these two initiatives or drop them from the list, as this is the second round of questions related to these two initiatives. If we do proceed, we will set up a TA call with CMS to discuss next steps.

To date, \$438,828 ARPA funds have been expended on QI initiatives.

Initiative Updates

Self-directed fee schedule increase

- *Brief Summary:*
 - Reimburse Self-Directed workers at a competitive wage
- *Status:*
 - A contractor has been hired to initiate the rate study, with deliverables due to Hawaii in September 2022 and December 2022. An all-provider kick-off meeting has been scheduled for July 15, 2022.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - N/A

CCMA monthly rate increase

- *Brief Summary:*
 - Reimburse Community Case Management Agencies (CCMAs) at a competitive wage.
- *Status:*

- A contractor has been hired to initiate the rate study, with deliverables due to Hawaii in September 2022 and December 2022. An all-provider kick-off meeting has been scheduled for July 15, 2022.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - N/A

Residential Alternatives rate increase

- *Brief Summary:*
 - Reimburse Residential Alternatives (Adult Foster Homes/Expanded Care Homes/Assisted Living) at a competitive wage.
- *Status:*
 - A contractor has been hired to initiate the rate study, with deliverables due to Hawaii in September 2022 and December 2022. An all-provider kick-off meeting has been scheduled for July 15, 2022.
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - N/A

Building Capacity in Residential Alternatives to Serve Challenging Members

- *Brief Summary:*
 - To provide training to HCBS residential providers so that they can have the skills and confidence to support members with complex behavioral and physical needs. Trained and qualified HCBS residential providers will then be eligible for an additional, higher level of daily reimbursement based on member behavior acuity.
- *Status:*
 - MQD held a stakeholder meeting to discuss the draft training curriculum and strategy. MQD welcomed feedback and documented proposed revisions.
 - MQD is also working on finalizing contractual requirements and timelines.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Pending training implementation.

Building Case Management Capacity Related to Challenging Members

- *Brief Summary:*

- To increase capacity of the HCBS case managers that support HCBS residential providers to be able to manage members with complex behavioral and physical needs, there needs to be a parallel effort to ensure that case management agencies that visit and care for these complex members have the added capacity to handle these complex members.
- *Status:*
 - MQD held a stakeholder meeting to discuss the draft training curriculum and strategy. MQD welcomed feedback and documented proposed revisions.
 - MQD is also working on finalizing contractual requirements and timelines.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Pending training implementation.

The Collaborative Care Model

- *Brief Summary:*
 - The Collaborative Care Model (CoCM) is a specific type of integrated care that treats common mental health conditions such as depression and anxiety that require systematic follow-up. MQD intends to increase access to the Collaborative Care Model for LTSS and HCBS individuals. Increasing greater access may result in improved outcomes for individuals experiencing behavioral health conditions and may better support community integration when appropriate.
- *Status:*
 - The provider that is leading this effort is meeting regularly with internal staff to continue to plan and develop the project. Significant work to engage clinicians and paraprofessionals in participating in this project continues. MQD also met with the project leader, clinicians, and administrative staff to discuss the project. The provider is currently drafting a proposal.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - The response to the project from providers and organization has been positive. All agree that more support for LTSS/HCBS members with behavioral health conditions is needed, and workforce development is needed to support the providers that care for these members. Also, providers are expressing willingness to participate in the project, which is a critical element for the success of the project. This is a large project that involves many stakeholders, and more time is needed for planning.

Mobile COVID Vaccine Unit

- *Brief Summary:*
 - This service will bring annual COVID booster vaccines directly to the community statewide to members living in residential alternatives and at members' own homes for home bound individuals, utilizing independent pharmacists who participated in our community based COVID vaccination program.
- *Status:*
 - Payments to the independent pharmacies will be made on a per Medicaid member basis, utilizing the appropriate CPT code for the product- and dose-specific COVID-19 vaccine administration in addition to the HCPCS Level II code M0201 for the additional payment amount for administering the COVID-19 vaccine in the home. Hawaii will submit a COVID SPA to increase the reimbursement for the M0201 code to \$60 by the end of July 2022. As the homes visited will be residential alternative or at member's own home, the per home billing limit of 5 codes will be adhered to. Initial vaccination booster run is scheduled for September 2022.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Expand 1115 HCBS Service Array

- *Brief Summary:*
 - To add new HCBS benefits to the QI 1115 service array. Proposed services range from one-time transitional housing supports, financial management services, an array of behavior health crisis response services, medical respite services, and assistive technology services, to expanding access to respite for families and caregivers.
- *Status:*
 - MQD is working on establishing service definitions, provider qualifications, provider types, and identifying applicable procedure codes.
 - MQD is working on service rates calculations and training requirements.
 - Evaluating timelines to amend the QI 1115 waiver or to wait for the upcoming renewal to request approval.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Initial stakeholder meetings will be scheduled when all the service definitions and provider qualifications are drafted

Hawaii Medicaid Training and Technical Assistance Center (MTTAC)

- *Brief Summary:*
 - MQD intends to establish a Medicaid Training and Technical Assistance Center (MTTAC). The MTTAC will operate as a cross-system educational resources to support Managed Care Organizations, providers, and partners to better support the medical, behavioral, and social needs of QUEST Integration members.
- *Status:*
 - The focus of the work right now is to assess training needs and develop training materials first before establishing the MTTAC. Other HCBS ARPA initiatives such as the Collaborative Care Model and Palliative Care are focused on this. Once that work is complete, MQD will focus on developing and establishing the MTTAC.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - The completion of work on other HCBS ARPA initiatives such as the Collaborative Care Model and Palliative Care need to be completed first before work can begin on the MTTAC.

EVV monitoring

- *Brief Summary:*
 - Expansion of EVV utilization to HCBS Case management services in member homes and residential alternative settings
- *Status:*
 - MQD is in the planning phase to add additional HCBS services to the EVV requirements
 - MQD is in the process of modifying and updating existing EVV procedure codes to accommodate current EVV required services
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Initial stakeholder meetings will be scheduled when all the services and procedure codes are determined; and preliminary tasks to be reported are identified developed,

Accelerating provider enrollment (HOKU)

- *Brief Summary:*
 - MQD is seeking a vendor to assist with conducting provider enrollment screenings for new and returning HCBS providers. This vendor will add needed bandwidth and capacity to the Medicaid provider enrollment section,

with the goal of reducing and eliminating the application backlog and quickly expanding HCBS agency provider capacity.

- *Status:*
 - Contact was signed with a vendor and additional provider enrollment screening support began on July 1, 2021. Work to re-procure this vendor is in process as the current vendor contract expires December 31, 2022.
- *Spending and Sustainability:*
 - In the current quarter, the total spend for this initiative was \$109,707. The cumulative spend to date comes in at \$438,828.
- *Outcomes and Lessons Learned:*
 - N/A

HCBS CAHPS Satisfaction Survey

- *Brief Summary:*
 - To implement the HCBS CAHPS Survey as part of quality assurance and improvement activities and public reporting, and the CAHPS HCBS satisfaction survey is included in our 1115 Quality Strategy.
- *Status:*
 - MQD is in the process of reviewing an existing contract to include the completion of the HCBS CAHPS survey.
 - MQD has drafted contract amendments and submitted to AG for review and comment.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Critical incident software for HCBS

- *Brief Summary:*
 - To implement a centralized electronic critical incident tool for QI HCBS services as part of the HCBS quality assurance and improvement activities. The tool will standardize the incident tracking, documentation, and review process for MQD
- *Status:*
 - MQD reviewed several software applications and existing Incident tracking systems in at least three states
 - MQD is in the process of finalizing the requirements for a critical incident system
 - MQD is drafting a contract scope of services
- *Spending and Sustainability:*
 - No spending to date

- *Outcomes and Lessons Learned:*
 - Several states use online reporting systems. These projects are varied and extremely detailed.

Provider credentialing process improvement

- *Brief Summary:*
 - The State plans to implement a Provider Credentialing Management System (PCMS) that assures a centralized platform for qualified providers by promoting provider accountability and timeliness of annual Medicaid provider credentialing renewals.
- *Status:*
 - This initiative is on hold pending MQD resource allocation.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Strengthening Provider Capacity and Person-Centered Practices

- *Brief Summary:*
 - To implement person-centered planning and practices in the QUEST Integration (QI) 1115 demonstration waiver, Intellectual and Developmental Disabilities (I/DD) 1915c waiver, and across collaborating State Agencies. This initiative will enhance programs towards positive outcomes such as development of stronger policies and quality improvement strategies, implementation of best practices, exploration of payment enhancements, and overall improve service delivery to meet individualized goals.
- *Status:*
 - MQD confirmed a contract agreement with a vendor.
 - Vendor will begin July 1, 2022.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Pending training implementation.

Guardianship Fund

- *Brief Summary:*
 - To fund supports to obtain guardianship for current HCBS members and HCBS applicants who are determined incompetent and do not have guardianship/conservatorship or an identified power of attorney (POA)
- *Status:*

- On hold: CMS has yet to approve this guardianship fund initiative. Considering removal of this initiative.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Home Locator Tool

- *Brief Summary:*
 - To implement a centralized interactive database to assist members to locate suitable housing based on need and choice of HCBS community-based residential alternatives.
- *Status:*
 - Completed researching existing database tools and vendors
 - Finalizing the business requirements for the system
 - Engaged in partnership opportunity with the State Office of Planning GIS Program
 - Exploring partnering opportunities with the Department of Health and Department of Hawaii Public Housing Authority
 - Gathering the housing resources to be uploaded to the online tool
- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Initiated a pilot project to determine the feasibility and fit of identified solutions.
 - Planning a meeting to review the project and gather input from members, MCOs and community stakeholders.

Building Capacity for Prison to Community Transitions

- *Brief Summary:*
 - To link and coordinate transitions from the Hawaii Department of Public Safety (DPS to the community that leverage HCBS programs, housing, and behavioral supports) and Judiciary
- *Status:*
 - Engaging other divisions within the Department of Human Services, DPS and the Judiciary to align initiative efforts
 - Identifying interested community providers to provide transition benefits and housing assistance support services
 - Identifying the current transition services, protocols and DPS staffing for community transitions

- *Spending and Sustainability:*
 - No spending to date
- *Outcomes and Lessons Learned:*
 - Outcomes pending involvement of the other departments
 - Stakeholder meeting pending further involvement of other departments

Strengthen the Direct Service Workforce

- *Brief Summary:*
 - To increase the provider capacity for HCBS Home Care direct service workers (DSW) which include chore workers, personal assistants, LPNs and RNs.
- *Status:*
 - MQD established communications with high school nurse aide training programs and the university medical professional programs.
 - MQD plans to leverage existing training opportunities available within the community.
 - MQD will be setting up a stakeholder planning meeting that includes the home care agencies and workforce training entities, such as the community colleges. The agenda includes discussion on the training models, curriculum, incentives, current strategies and timelines to increase the DSW.
 - MQD is working to establish an HCBS provider network recruiter position to focus on the rural areas and community outreach. This includes establishing job description, role, and responsibilities.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - Pending training implementation.
 - Most new home care providers intern and become employed in hospitals and NFs.
 - Limited current capacity to intern and hire into HCBS home care services
 - Implementing surveys to monitor staffing shortages, challenges, recruitment methods, opportunities to use hiring and retainment incentives, and rates by service category
 - Participating in statewide planning with educators and business leaders planning for DSW capacity building, recruitment and training across home care provider sectors.

Investment in Tools and Technology for Residential Alternative Providers

- *Brief Summary:*
 - This initiative is for one time funding for HCBS residential providers to connect with Medicaid HCBS electronic health records and medical/HCBS

providers for visits. The plan includes distribution of tablets, Wi-Fi connections and provider education to ensure provider technology literacy and appropriate utilization of new digital tools.

- *Status:*
 - MQD conducted a provider needs survey for tools, technology, and training
 - MQD is identifying tech support needs for the residential providers and additional HCBS applications for these tools and technology.
 - MQD is creating a distribution protocol and training plan for tools and technology
- *Spending and Sustainability:*
 - No spending to date
 - The budget and sustainability strategy are unchanged from initial Spending Plan
- *Outcomes and Lessons Learned:*
 - Ordering and distribution of supplies pending development of the distribution plan for residential providers
 - Training for providers to efficiently use new tools for communication and receiving medical care in the home.

Building administrative capacity

- *Brief Summary:*
 - To stand up a dedicated project management team – one Project Manager (PM), one Project Coordinator, and one Technical Writer -- to recruit providers and administer the 23 new HCBS initiatives.
- *Status:*
 - An existing PM was moved over from another project to increase administrative capacity, which brought PM rigor and principles to the ARPA HCBS effort. The cost was already allocated to another spending account, so there was not spend for ARPA; beginning July 1, 2022, these costs will be allocated to this initiative. Hiring on the two other positions has been delayed because of ongoing contract negotiations.
- *Spending and Sustainability:*
 - No spending to date.
- *Outcomes and Lessons Learned:*
 - N/A

Developmental Disabilities Division Initiatives

1915(c) HCBS SPENDING NARRATIVE

Summary

The Department of Health, Developmental Disabilities Division (DDD) continues to implement the ARPA initiatives designed to enhance, expand, or strengthen HCBS under the 1915(c) waiver program for individuals with intellectual and developmental disabilities (I/DD). Highlights from the reporting quarter include:

- A total of ten (10) contracts will support implementation of the 1915(c) spending plan. Six (6) contracts have been fully executed and two (2) are in the approval process. An RFP has been drafted for Provider Monitoring, and an additional contract is being planned to support the DSP Workforce Development initiative.
- DDD drafted detailed project management plans through technical assistance (TA) provided by Advancing States. The project management plans are for the following initiatives: DSP Workforce Development, Option for Individuals with Behavioral Challenges, Positive Approaches for Challenging Behaviors, and Provider Monitoring.

As of the end of June 2022, \$4,673,314 ARPA funds have been expended by DDD. This reflects spending in two initiatives: Increase Provider Payment Rates and Implement the Spending Plan. As noted in Table 2, due to the timing for submitting this quarterly report, the reported totals for the provider rate increase represent the first two months of the quarter, and the last month of the previous quarter (March-May 2022). Expenditures for June 2022 will be included in the next quarterly spending report.

As reported in the previous quarter, DDD conducted a provider engagement webinar to share participation guidelines for four (4) provider focused ARPA training initiatives: Quality Management, Advancing Competitive Integrated Employment, Community Navigator Practice Development, and Positive Approaches for People Experiencing Behavioral Challenges. Providers have applied to participate in each of these initiatives.

The section below provides the status of each project. Timelines for several initiatives have been adjusted due to the contracting process.

Initiative Updates

Priority 1: Supports for Participants and Families

- **Option for Individuals with Behavioral Challenges**

- *Brief Summary:*
 - The initiative will implement a new waiver service in a licensed home setting supported by an interdisciplinary team and skilled staff; the service will emphasize community integration, family engagement, and trauma-informed care.
- *Status:*
 - The service design, staffing model, licensing requirements, reimbursement approach, and eligibility criteria are under development.
 - Start-up funding will be distributed through a contract with the Research Corporation of the University of Hawaii (RCUH). Allowable uses of start-up funding are being defined.
 - Provider staff training is under design; DDD will leverage the Positive Approaches initiative (part of Priority 4) for trauma-informed care training.
 - DDD is exploring the use of section 1915(b) waiver authority to request adding this service.
- *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - Based on discussions with providers, this service will require detailed design and standards for sustaining the use of positive relationship-based and trauma-informed approaches.

- **Create Family-to-Family Peer Mentoring Service**

- *Brief Summary:*
 - DDD is planning a new waiver service that will provide information, resources, guidance, and support from an experienced and trained mentor to help parents navigate the service system, the person-centered planning process, and other community resources.
- *Status:*
 - DDD continues to work with families and stakeholders on design of this service.
 - Certification research is underway.
- *Spending and Sustainability:*

- To allow for planning and implementation of this service, the timeline to submit a waiver amendment will be in fiscal year 2023, and spending on this initiative is projected to start next fiscal year.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - DDD is continuing to weigh the option of establishing an entity that will support quality, program development and possibly certification of agencies that will provide this service.
- **Host Participant and Family Forums**
 - *Brief Summary:*
 - DDD will use state funds to facilitate annual forums for participants and families to provide feedback and suggestions on the HCBS system.
 - *Status:*
 - DDD will continue to sustain this commitment through state funds.

Priority 2: Strengthen Provider Capacities and System Infrastructure

- **Increase Provider Payment Rates**
 - *Brief Summary:*
 - DDD conducted a comprehensive rate study in 2019-2020 and will use ARPA funds to partially implement recommended rate increases.
 - *Status:*
 - DDD has implemented the direct support professional report to collect data regarding wages, benefits, and turnover. All providers billing the higher rates are required to submit the report quarterly and key results will be included in Hawaii's ARPA quarterly reports. DDD is reviewing the reports that have been submitted and working with providers to address issues. The next narrative report will include information regarding the baseline data collection and any changes observed to date
 - *Spending and Sustainability:*
 - To date, spending on the higher rates have totaled \$4.6 million. As mentioned above, these data will undergo further review.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- **Invest in Quality Management**
 - *Brief Summary:*

- In new standards effective with the current waiver, DDD has required provider agencies to phase in development of internal quality management structures and practices.
 - *Status:*
 - DDD has executed a training contract with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) with a start date of March 1, 2022.
 - DDD met with NASDDDS and representatives from the Council on Quality and Leadership on April 18, 2022, to plan the implementation of the quality management training sessions.
 - All waiver providers are scheduled to attend trainings. Sixteen (16) provider agencies submitted applications indicating intent to participate in the organizational change component of this initiative. All will be accommodated.
 - *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
 - *Outcomes and Lessons Learned:*
 - DDD has expanded this initiative using state funds to integrate NASDDDS's Culture of Quality initiative to ensure quality practices throughout DDD's operations.
- **Support Community Integration**
 - *Brief Summary:*
 - DDD will assist providers to achieve and maintain compliance with the HCBS final rule and ultimately help advance policies, procedures, and practices to improve the delivery and utilization of integrated services and supports.
 - *Status:*
 - A contract to support this initiative was awarded on March 21, 2022, to Health Management Associates with a start date of June 1, 2022.
 - DDD issued a Compliance Response Timeline for Providers, which is needed to help develop the framework and operational procedures for making final determinations about providers' compliance.
 - *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
 - *Outcomes and Lessons Learned:*
 - Pending implementation of this contract.
- **Advance Competitive Integrated Employment**
 - *Brief Summary:*
 - DDD will assist providers to effectively support individuals to obtain and maintain competitive integrated employment.
 - *Status:*

- A contract was executed with the University of Massachusetts Boston to provide training, technical assistance, and consultation to 1915(c) waiver providers of day and employment services on how to provide high quality competitive integrated employment (CIE) services.
 - Ten (10) waiver provider agencies submitted an intent to commit. The providers will receive a formal application form to submit, in which six (6) providers will be selected.
 - *Spending and Sustainability:*
 - No spending to date.
 - The timeline for implementation was extended to July 1, 2022, to accommodate the contract execution with a contract award for \$141,100.
 - *Outcomes and Lessons Learned:*
 - Pending implementation.
- **Support Community Navigator Practice Development**
 - *Brief Summary:*
 - The July 1, 2021, waiver renewal included a new service, Community Navigator, which emphasizes, promotes, and coordinates the use of community resources and natural supports to address the participant's needs in addition to paid services. This initiative will develop a collaborative approach to the implementation of this service.
 - *Status:*
 - DDD has executed a training contract to help equip selected provider staff with the skills and tools they need to implement community navigation services that support waiver participants to fully engage in their communities.
 - Interested waiver providers submitted a formal application to participate in this initiative, a total of eight (8) providers applied and were selected, totaling sixteen (16) trainees (two trainees per waiver provider) and two (2) DDD training staff.
 - Trainings are scheduled to begin on July 7, 2022.
 - *Spending and Sustainability:*
 - No spending to date.
 - The timeline for implementation has moved to a contract effective date of March 1, 2022.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
 - *Outcomes and Lessons Learned:*
 - Pending implementation.

Priority 3: Workforce Development

- **Develop the Direct Support Professional Workforce**
 - *Brief Summary*
 - The initiative will establish a sustainable career path for the professional development of DSPs through a credentialing or certification program.

- *Status:*
 - DDD has executed a contract with the University of Minnesota to research DSP training and certification models currently in use in other states.
 - A planning team has begun the design of policies and procedures for grants to provider agencies and direct support professionals and is engaging the advisory group.
 - DDD developed a project management plan through a grant from Advancing States.
 - A focus group was conducted with representatives of waiver provider agencies to gain insight into best approaches for implementing the grant programs.
 - DDD has a contract with the Research Corporation of the University of Hawaii to distribute grant funds and implement project management for this initiative.
- *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - Pending the implementation of training and engagement with providers and community stakeholders.

Priority 4: Improve Protections for Health, Safety, and Well-being

- **Positive Approaches for Challenging Behaviors**
 - *Brief Summary:*
 - The initiative will provide training for DDD providers, stakeholders, and staff on the impacts of trauma, alternative positive approaches through trauma-informed care (TIC), and how to make sustainable and person-centered organizational change.
 - *Status:*
 - A planning team has convened to develop training objectives and an approach to engage provider leadership for organizational change.
 - A contract is in process.
 - DDD drafted a project management plan through the grant from Advancing States.
 - Fifteen (15) provider agencies have expressed interest in participating in the organizational change component of this initiative.
 - *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
 - *Outcomes and Lessons Learned:*
 - An organizational change approach will be seminal to this initiative.

- **Improve Critical Incident Response through Analytics**

- *Brief Summary:*
 - DDD has executed a contract modification with a System Integrator vendor to develop a predictive analytics solution that will enable DDD to use predictive analytics to detect unreported critical incidents in DDD's case management system, INSPIRE.
- *Status:*
 - DDD continues to work on a data sharing agreement draft to submit to MQD. This may become an addendum to the existing Memorandum of Agreement between DDD and MQD.
 - DDD submitted forms on June 22, 2022, including an 1188A and 270/271 Enrollment form to Conduent, MQD's financial management service contractor, to facilitate the exchange of eligibility data to support the Analytics initiative.
 - The INSPIRE Project implemented electronic reporting of Adverse Events through a provider portal on July 1, 2022, which will provide more accurate and timely incident data to compare against medical claims data.
 - The INSPIRE Project will submit another IAPD-U in July 2022 to reallocate unclaimed monies across future fiscal years and will also request to extend DD&I through May 2023 to accommodate delayed work, including the Analytics suite.
- *Spending and Sustainability:*
 - No spending to date.
 - The budget and sustainability strategy are unchanged from the Initial Spending Plan.
- *Outcomes and Lessons Learned:*
 - Pending implementation of the solution.

Priority 5: Strengthen System Infrastructure and Accountability

- **Conduct System Evaluation**

- *Brief Summary:*
 - The purpose of this activity is to provide the state with a comprehensive evaluation of the impacts of initiatives and related infrastructure and practice changes that have been implemented since the 2016 reauthorization of the 1915(c) HCBS waiver as well as activities included in the 1915(c) portion of Hawaii's ARPA Spending Plan.
- *Status:*
 - A contract award was made to HSRI. The contract is being executed.
- *Spending and Sustainability:*
 - No spending to date. This is a one-time activity.
 - The evaluation is a multi-term contract that extends to March 31, 2025. It was originally planned to encompass evaluation of the entire ARPA period

but will need to be truncated in scope due to the change in the deadline to fully expend ARPA funds.

- *Outcomes and Lessons Learned:*
 - Pending implementation and findings.
- **Strengthen Provider Monitoring**
 - *Brief Summary:*
 - This initiative will help DDD develop a new process for monitoring providers for compliance that promotes accountability and quality services that help achieve positive outcomes for individuals served and to build a framework to share performance data with stakeholders.
 - *Status:*
 - Due to multiple contracts in process for spending approval, this initiative was delayed as DDD strategized on the best approach for implementing the redesign of the provider monitoring process.
 - A procurement solicitation was released in March 2022, with no successful bidders. A new RFP for consultant assistance will be released. The timeline for implementation has shifted from the original projected date to a new projected date of October 1, 2022, and will use FY2023 funding.
 - *Spending and Sustainability:*
 - No spending to date.
 - *Outcomes and Lessons Learned:*
 - Stakeholders, including waiver participants and families have expressed interest in receiving information about provider performance. DDD will integrate this into the overall provider monitoring framework.
- **Implement the Spending Plan**
 - *Brief Summary:*
 - The purpose of this activity is to provide project coordination resources for key initiatives in the Spending Plan.
 - *Status:*
 - DDD has executed a contract with the Research Corporation of the University of Hawaii (RCUH), where 2.5 FTE positions will be housed, as well as funds to support parts of the ARPA Workforce Development initiative and the start-up funding for a new service option for individuals with serious behavioral challenges.
 - *Spending and Sustainability:*
 - Spending on the initiative has been \$111,143 to date.
 - *Outcomes and Lessons Learned:*
 - Pending implementation.

Spending Plan Projection

The 1115 and 1915(c) HCBS spending estimates have been updated with Year 1 actual spend and Year 2 and Year 3 projections. As mentioned above, Spending Plan Projections were updated to reflect certain delays with implementation of initiatives, and Hawaii has spent \$5,112,142 ARPA funds to date.

Spending Plan Projection – QUEST Integration (1115 waiver)

Calculation of Supplemental Funding from 10% FMAP Increase					
ARPA Sec. 9817					
Hawaii Medicaid - QUEST Integration Program (1115 waiver)					
BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
<u>Service Categories</u>					
Home and Community Based Services	\$ 27,821,804	\$ 27,821,804	\$ 27,821,804	\$ 27,821,804	\$ 111,287,215
Case Management Services	\$ 4,673,424	\$ 4,673,424	\$ 4,673,424	\$ 4,673,424	\$ 18,693,695
Rehabilitation Services					\$ -
Other (1915c)					\$ -
Subtotal: Qualifying Expenditures	\$ 32,495,228	\$ 32,495,228	\$ 32,495,228	\$ 32,495,228	\$ 129,980,910
Funds Attributable to 10% HCBS FMAP Increase					\$ 12,998,100
ADDED FUNDING FOR HCBS REINVESTMENT					
Year of Reinvestment	Year 1	Year 2	Year 3	Total	
Time Period	4/1/21 - 3/31/22	4/1/22 - 3/31/23	4/1/23 - 3/31/24		
State Match Share By Year	1%	41%	28%	70%	
State Match by Year	\$ 164,561	\$ 5,355,387	\$ 3,614,903	\$ 9,134,851	
FMAP Assumptions - Program					
State's Base FMAP	53.02%	56.06%	56.06%		
FFCRA Increase	6.20%	6.20%	0.00%		
ARPA Increase	10.00%	0.00%	0.00%		
Combined FMAP	69.22%	62.26%	56.06%		
Supplemental Funding - Program					
Reinvested State Match	\$ -	\$ 2,413,473	\$ 2,497,989	\$ 4,911,462	
Federal Match	\$ -	\$ 3,981,527	\$ 3,187,011	\$ 7,168,538	
Subtotal: Supplemental Funding - Program	\$ -	\$ 6,395,000	\$ 5,685,000	\$ 12,080,000	
Supplemental Funding - Administration					
State Match	\$ 164,561	\$ 2,941,914	\$ 1,116,914	\$ 4,223,389	
Federal Match	\$ 164,561	\$ 2,941,914	\$ 1,116,914	\$ 4,223,389	
Subtotal: Supplemental Funding - Admin	\$ 329,121	\$ 5,883,828	\$ 2,233,828	\$ 8,446,777	
Federal Match Attributable to FMAP Components					
Base FMAP	\$ -	\$ 3,585,037	\$ 3,187,011	\$ 6,772,048	
FMAP Increases (ARPA + FFCRA) Program	\$ -	\$ 396,490	\$ -	\$ 396,490	
FMAP Administration	\$ 164,561	\$ 2,941,914	\$ 1,116,914	\$ 4,223,389	
Subtotal: Federal Match	\$ 164,561	\$ 6,923,441	\$ 4,303,925	\$ 11,391,927	

Spending Plan Projection – Developmental Disabilities Division (1915c waiver)

Calculation of Supplemental Funding from 10% FMAP Increase					
ARPA Sec. 9817					
Hawaii Medicaid - Developmental Disabilities Division Program (1915c Waiver)					
<u>BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP</u>					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
<u>Service Categories</u>					
Home and Community Based Services					\$ -
Case Management Services					\$ -
Rehabilitation Services					\$ -
Other (1915c)	\$ 36,741,086	\$ 35,486,135	\$ 34,452,188	\$ 36,264,981	\$ 142,944,391
Subtotal: Qualifying Expenditures	\$ 36,741,086	\$ 35,486,135	\$ 34,452,188	\$ 36,264,981	\$ 142,944,391
Funds Attributable to 10% HCBS FMAP Increase					\$ 14,294,400
<u>ADDED FUNDING FOR HCBS REINVESTMENT</u>					
Year of Reinvestment	Year 1	Year 2	Year 3	Total	
Time Period	4/1/21 - 3/31/22	4/1/22 - 3/31/23	4/1/23 - 3/31/24		
State Match Share By Year	4%	74%	21%	99%	
State Match by Year	\$ 532,770	\$ 10,556,069	\$ 3,009,194	\$ 14,098,033	
<u>FMAP Assumptions - Program</u>					
State's Base FMAP	53.02%	56.06%	56.06%		
FFCRA Increase	6.20%	6.20%	0.00%		
ARPA Increase	10.00%	0.00%	0.00%		
Combined FMAP	69.22%	62.26%	56.06%		
<u>Supplemental Funding - Program</u>					
Reinvested State Match	\$ 421,627	\$ 7,530,712	\$ 2,010,694	\$ 9,963,033	
Federal Match	\$ 948,180	\$ 12,423,481	\$ 2,565,306	\$ 15,936,967	
Subtotal: Supplemental Funding - Program	\$ 1,369,807	\$ 19,954,193	\$ 4,576,000	\$ 25,900,000	
<u>Supplemental Funding - Administration/Other</u>					
State Match	\$ 111,143	\$ 3,025,357	\$ 998,500	\$ 4,135,000	
Federal Match	\$ -	\$ 656,500	\$ 378,500	\$ 1,035,000	
Subtotal: Supplemental Funding - Admin	\$ 111,143	\$ 3,681,857	\$ 1,377,000	\$ 5,170,000	
<u>Federal Match Attributable to FMAP Components</u>					
Base FMAP	\$ 726,272	\$ 11,186,321	\$ 2,565,306	\$ 14,477,899	
FMAP Increases (ARPA + FFCRA) Program	\$ 221,908	\$ 1,237,160	\$ (0)	\$ 1,459,068	
FMAP Administration	\$ -	\$ 656,500	\$ 378,500	\$ 1,035,000	
Subtotal: Federal Match	\$ 948,180	\$ 13,079,981	\$ 2,943,806	\$ 16,971,967	

Spending Plan Projection – Combined HCBS

Calculation of Supplemental Funding from 10% FMAP Increase					
ARPA Sec. 9817					
Hawaii Medicaid - Combined HCBS Programs					
BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul to Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
<u>Service Categories</u>					
Home and Community Based Services	\$ 27,821,804	\$ 27,821,804	\$ 27,821,804	\$ 27,821,804	\$ 111,287,215
Case Management Services	\$ 4,673,424	\$ 4,673,424	\$ 4,673,424	\$ 4,673,424	\$ 18,693,695
Rehabilitation Services	\$ -	\$ -	\$ -	\$ -	\$ -
Other (1915c)	\$ 36,741,086	\$ 35,486,135	\$ 34,452,188	\$ 36,264,981	\$ 142,944,391
Subtotal: Qualifying Expenditures	\$ 69,236,314	\$ 67,981,363	\$ 66,947,416	\$ 68,760,209	\$ 272,925,301
Funds Attributable to 10% HCBS FMAP Increase					\$ 27,292,500
ADDED FUNDING FOR HCBS REINVESTMENT					
Year of Reinvestment	Year 1	Year 2	Year 3	Total	
Time Period	4/1/21 - 3/31/22	4/1/22 - 3/31/23	4/1/23 - 3/31/24		
State Match Share By Year	3%	58%	24%	85%	
State Match by Year	\$ 697,330	\$ 15,911,456	\$ 6,624,097	\$ 23,232,884	
FMAP Assumptions - Program					
State's Base FMAP	53.02%	56.06%	56.06%		
FFCRA Increase	6.20%	6.20%	0.00%		
ARPA Increase	10.00%	0.00%	0.00%		
Combined FMAP	69.22%	62.26%	56.06%		
Supplemental Funding - Program					
Reinvested State Match	\$ 421,627	\$ 9,944,185	\$ 4,508,683	\$ 14,874,495	
Federal Match	\$ 948,180	\$ 16,405,008	\$ 5,752,317	\$ 23,105,505	
Subtotal: Supplemental Funding - Program	\$ 1,369,807	\$ 26,349,193	\$ 10,261,000	\$ 37,980,000	
Supplemental Funding - Administration					
State Match	\$ 275,704	\$ 5,967,271	\$ 2,115,414	\$ 8,358,389	
Federal Match	\$ 164,561	\$ 3,598,414	\$ 1,495,414	\$ 5,258,389	
Subtotal: Supplemental Funding - Admin	\$ 440,264	\$ 9,565,685	\$ 3,610,828	\$ 13,616,777	
Federal Match Attributable to FMAP Components					
Base FMAP	\$ 726,272	\$ 14,771,358	\$ 5,752,317	\$ 21,249,947	
FMAP Increases (ARPA + FFCRA) Program	\$ 221,908	\$ 1,633,650	\$ (0)	\$ 1,855,558	
FMAP Administration	\$ 164,561	\$ 3,598,414	\$ 1,495,414	\$ 5,258,389	
Subtotal: Federal Match	\$ 1,112,741	\$ 20,003,422	\$ 7,247,731	\$ 28,363,893	

Listing of Initiatives – Combined HCBS

Program	Initiative	\$ Total (in millions)
QUEST Integration	Self-directed fee schedule increase	2.3
	CCMA monthly rate increase	1.0
	Residential Alternatives rate increase	2.7
	Building Capacity in Residential Alternatives for complex member	1.5
	CCMA for complex members	0.2
	The Collaborative Care Model	1.8
	Palliative Care Benefit in Community-Based Settings	2.0
	Mobile COVID Vaccine Unit	0.5
	Expand 1115 HCBS Service Array	0.2
	Hawaii Medicaid Training and Technical Assistance Center (MTTAC)	1.2
	EVV monitoring	0.1
	Accelerating provider enrollment	1.2
	CAHPS survey for HCBS members	0.5
	Critical incident software for HCBS	1.2
	Provider credentialing process improvement	1.2
	Person-Centered practices training	0.2
	Guardianship fund	0.2
	Home Locator Tool	1.2
	Building Capacity for Prison to Community Transitions	0.2
	Strengthen the Direct Service Workforce	0.4
	Investment in Tools and Technology for Residential Alternatives P	0.4
	Building administrative capacity	0.7
Subtotal QUEST Integration		20.5
Developmental Disabilities Division (DDD)		
	Increase Provider Payment Rates	23.15
	Option for Individuals with Behavioral Challenges	2.55
	Create Family-to-Family Peer Mentoring Service	0.2
	Strengthen Provider Monitoring	0.1
	Advance Competitive Integrated Employment	0.4
	Support Community Navigator Practice Development	0.1
	Support Community Integration	0.2
	Invest in Quality Management	0.2
	Improve Critical Incident Response through Analytics	0.8
	Positive Approaches for Challenging Behaviors	0.4
	Develop the Direct Support Professional Workforce	2.3
	Host Participant and Family Forums	0.0
	Conduct System Evaluations	0.3
	Implement the Spending Plan	0.6
Subtotal DDD		31.1
Total		51.6

Stakeholder Feedback

Hawaii conducted targeted stakeholder outreach for specific initiatives. These were outlined above in the detailed narrative for each initiative.

