Vermont's Proposal to Enhance, Expand, and Strengthen HCBS under the Medicaid Program

HCBS SPENDING PLAN PROJECTION AND HCBS SPENDING NARRATIVE IN RESPONSE TO SECTION 9817 OF THE AMERICAN RESCUE PLAN ACT OF 2021

VERMONT

SUBMITTED BY: THE AGENCY OF HUMAN SERVICES
OCTOBER 2021 QUARTERLY UPDATE, UPDATED VERSION 11/2/2021

Contents

Executive Summary

Section 9817 of the American Rescue Plan Act of 2021 offers states an unprecedented opportunity to enhance, expand and strengthen home and community-based services (HCBS) under the Medicaid program. Estimated projections indicate that the State of Vermont will claim $65,673,865 in funds attributable to the increase in Federal Medical Assistance Percentage (FMAP) between April 1, 2021 and March 31, 2022. This funding will be employed as the state share required to implement approved activities valued at $146,601,324 between April 1, 2021 and March 31, 2024.

The State of Vermont is submitting this initial spending plan and proposal, which will be updated during quarterly submission of the plan and following a more robust stakeholder engagement process. The State intends to closely collaborate with individuals with HCBS needs and their families and caregivers, providers, community-based organizations, and advocates to refine and implement the spending plan to best optimize this opportunity. Vermont will place a strong emphasis on one-time, transformational investments to minimize ongoing sustainability concerns while achieving the goals of this funding opportunity.

Vermont has had success in rebalancing long-term services and supports through innovative programs and population health investments authorized within its Medicaid Section 1115 waiver. This opportunity will allow Vermont to continue system transformation by supporting the availability of high-performing providers, furthering care integration across the care continuum including services for health-related social needs, promoting value-based purchasing within HCBS programs, and developing infrastructure and systems to support program improvement and population health management. The initial spending plan is aligned with example activities included in Appendix C and D of the SMD#21-003 federal guidance and includes activities to:

1. **Improve Services,**

a. New and/or Additional Services - $20,000,000
b. Increase Payment Rates – $51,839,612
c. Strengthen Assessment and Person-Centered Planning Processes - $4,000,000
d. Address Covid-related Concerns - $2,000,000

2. **Promote a High-Performing and Stable Workforce, and**

a. Training - $3,000,000
b. Recruitment and Retention - $15,109,244

3. **Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight**

a. Quality Improvement - $17,327,556
b. Use of Technology and Cross-system Data Integration Efforts - $19,500,000
c. Improve Care Coordination and Care Management - $3,824,912
d. Address Social Determinants of Health - $3,000,000
e. Administration of Activities - $1,000,000

f. Capital Investments - $6,000,000

Spending Plan Narrative

1. Improve Services

a. New and/or Additional Services

Vermont plans to use $20,000,000 to pursue new and additional HCBS for Medicaid members. Initially, the State will use funding from this opportunity to secure contractor support to define service requirements, analyze fiscal impacts including for sustainability planning, and develop operational plans. Applicable services may include Peer Supports, Expanded Dental for Developmental Disabilities Services and Community Rehabilitation and Treatment programs, Permanent Supportive Housing, and HCBS residential alternatives. The State has requested federal approval for Peer Supports, Expanded Dental for Developmental Disabilities Services and Community Rehabilitation and Treatment programs, and Permanent Supportive Housing within the Global Commitment to Health Section 1115 waiver renewal application and anticipates submitting a State Plan Amendment to add Peer Supports. The State will also engage a contractor to explore HCBS residential alternative options prior to seeking federal approval for a change to an HCBS program. If approved, the Permanent Supportive Housing program would cover services typically covered in 1915(i) programs including pre-tenancy supports, tenancy sustaining services, and community transition services and would not cover room and board. Medicaid enrollees who are age 18 and older, eligible for full Medicaid State Plan benefits and meet defined health needs-based and risk-based criteria would be eligible for the program.

Additionally, Vermont plans to develop an innovation grant opportunity to support provider start-up costs to develop and implement programming to provide alternatives to emergency room mental health crisis care. There is an urgent need to serve individuals who are presenting to emergency departments in a psychiatric crisis who can be served more effectively and promptly in settings specifically designed to offer mental health crisis care. The opportunity will enable the development and expansion of four models of crisis care that could be covered under the rehabilitative services benefit and are intended to be less than 24 hour outpatient stays including Psychiatric Urgent Care for Kids (PUCK) programs, emPATH (emergency Psychiatric Assessment, Treatment & Healing unit), The Living Room Model, and CAHOOTS (Crisis Assistance Helping Out On The Streets). The Psychiatric Urgent Care for Kids (PUCK) program is an initiative where a designated mental health agency and a hospital provide a safe alternative crisis intervention site for elementary-aged children who are in mental or psychological distress at school instead of directing them to a hospital emergency department. The emPATH model is a hospital-based outpatient program that can accept all medically appropriate individuals experiencing a psychiatric crisis. The Living Room Model is a

peer run community crisis center that provides a safe space for someone in crisis to connect with peers as an alternative to the emergency room. Lastly, CAHOOTS is a mobile crisis intervention program that operates with a team composed of a crisis intervention worker and a medic. These programs will be designed to serve Vermont Medicaid members in need of crisis care and may also serve Non-Medicaid members in order to prevent health deterioration to the point of requiring residential or inpatient psychiatric care, while also preventing individuals from needing full Medicaid benefits in the future. Outcomes from this grant opportunity will further inform the State's efforts to develop a community-based mobile crisis benefit. Vermont anticipates seeking federal approval for a community-based mobile crisis benefit effective 7/1/22 and has received a planning grant to further develop the program. The State anticipates that the services could be covered under the rehabilitative services benefit. If services are approved, the State would use funding from this opportunity for these services through the end of the funding period and then would seek an appropriation to continue providing community-based mobile crisis when funding from this opportunity is no longer available.

The State is also seeking to temporarily increase current limits or caps on assistive devices and home modifications, related specialized treatment plan services, and environmental and assistive technology within the Choices for Care, Developmental Disability Services and Brain Injury Programs, respectively, to support aging in place and independence and reduce reliance on staff supports. These programs are authorized in the Global Commitment to Health Section 1115 waiver and limitations are defined by Vermont rules and policies. While the temporary increases are not intended to be sustained past the funding period, the State will monitor outcomes to inform future policy development.

b. Increase Payment Rates

Vermont plans to use $51,839,612 to provide a three percent 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 (ACCS) rates to address increased wage and operating costs and complete rate studies. The mental health rate increase includes providers of services included in Appendix B of the SMD #21-003 in the following categories: Rehabilitative Services and Section 1115 which includes HCBW-like special programs for children and adults with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI). Also included are independent psychologists covered in the State Plan section on "other licensed providers" but that could be covered under the rehabilitative services benefit. Substance use treatment preferred providers deliver services within the rehabilitative services benefit. Rate increases for mental health, developmental disabilities, Brain Injury Program, Choices for Care, substance use

treatment providers in the ADAP Preferred Provider network and ACCS will strengthen these essential HCBS providers by supporting employee recruitment and retention and are intended to be sustained through payment rates past the funding period.

The state will also use funding to hire a contractor to perform rate studies and develop methodology updates for HCBS.

c. Strengthen Assessment and Person-Centered Planning Processes

Vermont plans to use $4,000,000 to strengthen assessment and person-centered planning processes through activities that ensure case management services are conflict-free. The purchase of technology and systems to collect and store assessment and care plan data are described in other sections of this initial spending plan.

Currently, Vermont is working with CMS to develop strategies to address conflict of interest in case management. If CMS approves Vermont's proposal to expand case management choice within its HCBS programs, Vermont will use funding from this opportunity for the initial start-up and eligible ongoing costs for an independent assessor and independent case management entity for applicable HCBS programs, as well as independent options counselors or peer navigators, and an expanded ombudsman role in HCBS programs. These activities will be informed by a stakeholder engagement process prior to implementation. The State will also use funding to secure contractor support to engage stakeholders, improve its HCBS monitoring requirements, provide technical assistance and training to providers seeking to make programmatic and policy changes to further reduce conflict of interest and/or improve operations and workflows because of new structural changes, and develop training for provider staff about person-centered planning requirements.

Vermont will also use funding to improve person-centeredness and promote health equity by expanding the availability of published materials in accessible and "plain English" formats and other languages.

Vermont will work to minimize ongoing costs but to the extent they present, the State will develop a sustainability plan for the end of the funding period.

d. Address COVID-19-related Concerns

Vermont plans to use $2,000,000 to address COVID-19-related concerns. Providers and community-based organizations have indicated a need for continued COVID-19-related support to purchase PPE and isolation kits to protect the individuals they serve and their staff who are both at-risk. Funding will support HCBS providers to purchase these supplies. Additionally, stakeholders have identified a need to support community integration for people with HCBS needs following the end of the public health emergency. To meet these needs, Vermont will issue grants to providers and

community-based organizations for programming that addresses the safety concerns of individuals and families and provides opportunities for individuals with HCBS needs to participate in community activities.

The state intends to fund the purchase of PPE and offer programming during the funding period, as needed. It is not anticipated that sustained funding will be needed following the end of the funding period in 2024.

2. Promote a High-Performing and Stable Workforce

a. Training

A strong HCBS system is reliant on a well-trained workforce as well as individuals, families and caregivers that have the tools and training to manage self-directed supports. Vermont plans to use $3,000,000 for the development of training content and platforms as well as the delivery of trainings.

Specifically, the State will evaluate training needs across the HCBS system and effective modalities for reaching each intended audience. Illustrative examples of trainings include cross-training for co-occurring intellectual and development disabilities and mental health needs, culturally competent care for Deaf individuals and black, Indigenous and people of color (BIPOC) communities including new Americans, trauma-informed care, and racial disparities and bias trainings. Audiences will likely include:

- HCBS providers,
- Independent direct support providers,
- Other providers across the care continuum serving individuals with HCBS needs, and
- Individuals, families, and caregivers.

The State will contract with experts to develop and/or deliver identified trainings. Vermont will also make funding available to provider and community-based organizations to offer specialized training opportunities, as needed. Additionally, Vermont will identify the need for training-related platforms for expanding the reach and availability of trainings and improving the delivery of trainings. Vermont intends to fund one or more platforms to meet the needs of the multiple intended audiences.

These will be one-time costs that are not anticipated to require sustained funding at the end of the funding period in 2024.

b. Recruitment and Retention

Workforce challenges impacting Vermont's HCBS providers have been significantly amplified by the COVID-19 pandemic. To ensure an accessible and high-quality workforce for Vermonters with HCBS needs, the State plans to use $15,109,244 to implement effective recruitment and retention initiatives that bolster the availability of

HCBS staff, tenure of employment, and pathways to career advancement and certification. In allocating funding, the state will consider the impact of initiatives on the overall HCBS system to ensure efforts do not have unintended consequences, such as bolstering staffing in certain areas at the detriment of others.

Funding will be used by the State and made available to providers to implement recruitment and retention initiatives, such as awareness campaigns designed to educate potential workers about job opportunities and sign-on and retention bonuses.

The State also proposes to use funding for technical assistance pertaining to credentialing for peer specialists, and opportunities to develop additional certification pathways and career ladders for staff providing HCBS.

These recruitment and retention activities are intended to be one-time costs.

3. Utilize Systems and Data to Improve Care, Promote Value-Based Payment Models and Support Program Oversight

a. Quality Improvement

Through its Global Commitment to Health Section 1115 Medicaid Waiver, Vermont has advanced value-based payment (VBP) reform across Medicaid provider types, including Medicaid providers historically excluded from most VBP arrangements, such as providers offering developmental disabilities services, mental health services, and substance use disorder treatment. Vermont plans to use $17,327,556 to further advance these reforms and support additional providers in achieving readiness for reform. Funding will allow Vermont Medicaid to design and implement a performance-based payment program for current reforms such as a one percent bonus payment tied to high performance. It will also allow the State to support transition to new payment models by offering provider trainings and technical assistance on topics such as incorporating performance measures into payment models and engaging in improvement activities.

The State plans to issue a grant opportunity to support the development of innovative solutions that enhance and strengthen HCBS through a one-time investment. In addition, the State will pilot a program to identify the need for appropriate assistive technology and home modification changes through inspections at Adult Family Care and Shared Living Provider sites. Identified changes could be supported through the capital improvement grant opportunity included in Section 3.f.

Vermont will enhance quality of care and improve child, family, and provider experiences by purchasing pediatric palliative care supply carts for nine designated Home Health Agencies that offer Pediatric Palliative Care Program services. They will be used to support the physical, emotional, and spiritual wellness of each child and family.

Vermont will also enhance and strengthen the HCBS system by improving opportunities for stakeholder engagement. The state plans to obtain contractor support to design and implement meaningful stakeholder engagement opportunities for individuals with disabilities related to activities within this plan.

These quality improvement activities are intended to be one-time costs.

b. Use of Technology and Cross-system Data Integration Efforts

Through this opportunity, the State plans to use $19,500,000 to fund the purchase of technology infrastructure, provide financial support to HCBS providers to support encounter data submission requirements pertaining to value-based payment reform, purchase equipment to allow direct service staff to enter data at the point of care, and create an electronic patient engagement platform.

The availability of technology infrastructure to support HCBS programs and care integration is varied across state programs and providers. This funding opportunity will allow the state to purchase platforms and databases to support case management activities and oversight within the Agency of Human Services and its departments. Illustrative examples include funding a data warehouse to store CANS and ANSA assessment data, a database to enable AHS system-wide coordination for children referred to residential treatment, and improvements to the state's critical incident report management system. It will also allow for the expansion of a statewide database that supports access to mental health services by providing care coordinators and primary care providers information about the availability of mental health providers and the types of services they deliver. In addition, Vermont will improve the current Preadmission Screening and Resident Review (PASRR) process by developing an electronic platform and transitioning away from a paper-based process. These advances will further support the goals of PASRR to ensure that individuals have opportunities to choose home and community-based services and are not inappropriately placed in nursing homes for long term care.

The State will evaluate how Medicaid providers currently store, access, utilize, and share information about the full range of enrollee needs and associated service utilization. Based on the findings, Vermont will determine how to close gaps that are identified. Vermont seeks to learn how providers access and share demographic, eligibility, assessment, care plan, and treatment data to better understand readiness of targeted providers to participate in VBP reforms or transition to higher levels or more integrated VBP arrangements.

After evaluating data collection and exchange needs, Vermont will assist HCBS providers in purchasing data systems, including electronic health records (EHRs) and care coordination tools, and connecting to the Vermont Health Information Exchange (VHIE). Concurrently, the state will develop a targeted technical assistance program to provide

support for Medicaid providers seeking to access, utilize, and share data to support integrated care coordination and population health management. Vermont anticipates that by enhancing providers' abilities to capture data and use it meaningfully in care coordination and population health management, providers will be better prepared to participate in more sophisticated VBP arrangements. Technical assistance will address:

- HCBS providers' selection, procurement, and modification of care coordination and EHR data systems to meet care coordination, quality improvement, and reporting needs, and help providers connect to the VHIE;
- Efforts to standardize data collection to improve efficiency of data collection processes;
- Efforts to capture SDOH data and communication with and referrals to social service providers and state and local human services agencies that have historically not been connected to health data and health systems; and
- Training needs associated with performance measurement and predictive analytics.

As HCBS providers transition to VBP arrangements, they need support to revise business practices. Vermont will offer data sharing incentives and provide financial support to HCBS providers related to payment reform encounter data submission requirements such as remapping care coordination systems and EMRs to capture new data elements, supporting increased data entry, and trainings. The state will also fund the purchase of equipment (e.g. tablets or laptops) and technology (e.g. applications and licenses) that will allow direct staff of HCBS providers to collect and enter data at the point of care.

To further promote self-determination and individual and family engagement in health, wellness and care delivery, Vermont will assess the feasibility of embedding a patient engagement platform into the State's delivery system. If determined to be feasible, Vermont will procure a tool to enhance care delivery and patient engagement with optimized health data, including care plan information with details on services across the care continuum that the enrollee has obtained. Medicaid enrollees with HCBS needs will be able to add to their care records by entering information or linking to health monitoring, self-management, or wellness applications.

These technology and cross-system data integration efforts are intended to be one-time costs and costs that will be sustained through value-based payment models. State system enhancements will be sustained on an ongoing basis, where applicable.

c. Improve Care Coordination and Care Management

The State plans to use $3,824,912 in funding to enhance care coordination activities. Provider innovation grants will be issued to support efforts to improve care integration of HCBS with other services. These grants will support a range of proposed activities

such as co-location of staff, program model design and implementation, and data-sharing initiatives.

Vermont will also develop a series of analytic reports and tools using data from the VHIE and other sources to improve care management of individuals with high utilization of HCBS and across the care continuum, support program monitoring, and analyze impacts of service or program changes. Other efforts to improve care coordination, program operations, and analytics will include:

- Developing reports to support effective risk stratification across the Medicaid population, which will supplement risk stratification reports from the state's Accountable Care Organization by focusing on a broader set of services;
- Aligning measures and reporting requirements across programs to reduce reporting burden and encourage provider participation in quality improvement and VBP arrangements;
- Using electronic clinical quality measure (eCQM) data to optimize providers' ability to assess quality and outcomes;
- Implementing a reporting and analytics platform to standardize and extract reports, for both patient- and population-level measures, through an application programming interface (API) connected to the VHIE;
- Leveraging patient and aggregated population-level data to support rapid sharing of disease surveillance data, inform and monitor public health activities, and improve quality of life; and
- Expanding use of new reporting and analytic technologies to harness the power of integrated data for improving outcomes, reducing cost, and enabling informed decision making.

Vermont has made reducing the number of deaths by suicide and drug overdose foremost population health goals and a key component of the State Health Improvement Plan. The State plans to use funds to implement 988, the nationwide mental health crisis and suicide prevention number, in Vermont. This includes funding operations development and technology that will support a mobile response hub. It also includes the development and implementation of a pilot program to follow-up with individuals that were identified as suicidal through 988 or other recognized avenues.

VTHelplink is a centralized resource website and call center for Vermonters in need of substance use disorder treatment and/or information. The State plans to use funds to expand the use of this resource and support providers to integrate into the centralized scheduling feature of the VTHelplink system.

These care coordination and care management investments are intended to be one-time costs and analytic improvements that can be sustained by staff following

implementation and training. The State will seek funding opportunities to sustain 988 and VTHelplink where possible at the end of this funding period.

d. Address Social Determinants of Health (SDOH)

Vermont plans to use $3,000,000 for initiatives that promote health equity and reduce health disparities experienced by people with HCBS needs. The State will award grants to providers seeking to test the use of flexible funding to address health-related social needs. These opportunities will allow providers to address issues identified in their communities and develop partnerships with community-based organizations.

As identified in the Behavioral Risk Factor Surveillance System 2018 report, Vermont adults with a disability are eight times more likely to report fair or poor health than adults with no disability, a statistically significant difference. Vermont will reduce this health disparity by awarding grants to providers and community-based organizations to develop and provide health and wellness programs for individuals with HCBS needs.

Vermont recognizes that VBP reform provides significant opportunities to address SDOH through greater flexibility and accountability for population health improvements. The state will use funding for contractor support to design VBP options that specifically address SDOH for implementation during the funding period. Funding will also be used to support policy development and implementation costs to advance adoption of SDOH screening tools across HCBS providers.

Data standards and data governance are needed to recognize the potential of SDOH data to improve care and reduce health disparities for people with HCBS needs. The state will use funding to develop a strategic road map for incorporating SDOH data into the VHIE and claims data as well as to support the development of standards, consent policies and data sharing agreements to facilitate aggregation and exchange of SDOH data. It will also design and support implementation of a data governance council which would govern use of SDOH data and could be modeled after the Green Mountain Care Board data governance council.

The State seeks to advance VBP models that can sustain effective programs identified through this opportunity.

e. Administration of Activities

Vermont plans to use $1,000,000 for up to three staff positions to implement and administer programs associated with this opportunity and provide overall program oversight and reporting. These staff positions will support the Agency of Human Services (AHS) in managing the programmatic and financial activities required to fulfill the requirements of this program and staff to implement activities to enhance, expand, and strengthen HCBS within AHS departments. Staff will also support ongoing

stakeholder engagement activities as the spending plan is implemented and refined over time.

These positions will be limited-service through the end of the funding period.

f. Capital Investments

The State plans to use $6,000,000 in funding for a grant opportunity to support HCBS providers with necessary capital improvements that enhance and strengthen HCBS through a one-time investment that can be used for purposes such as increasing accessibility, promoting safety, improving services, promoting provider sustainability, and increasing energy efficiency.

Assumptions

The spending plan is based on projected HCBS costs eligible for the additional 10% FMAP. Actual FMAP savings available for reinvestment into new programs will not be fully known until March 31, 2022. Vermont assumes that the spending plan will be revised, and spending areas refined when actual savings are known and additional stakeholder engagement occurs. Vermont already has Legislative approval to implement the three percent rate increase (Item 1b). This rate increase will go into effect July 1, 2021. Therefore, Vermont is assuming that the 10% FMAP savings can be applied for the period July 1, 2021-March 31, 2022; those savings will be eligible for reinvestment in future years.

Vermont has applied current and future estimated FMAP percentages to the spending plan. Similar to the FMAP rates used in the SMDL, Vermont is assuming the 6.2% Families First Coronavirus Relief Act (FFCRA) FMAP increase will be in effect thru March 31, 2022. Any changes in FMAP will affect total computable spending projections over the life of this special funding opportunity.

Considerations

Budget Neutrality and Section 1115 Medicaid Waiver Renewal

The State of Vermont operates almost the entirety of its Medicaid program under the purview of a Section 1115 Medicaid Waiver. While the State recognizes the significant opportunity available because of Section 9817 of the American Rescue Plan Act of 2021, it also recognizes that the types of activities in the spending plan will ultimately be impacted by CMS decisions regarding how this program effects Vermont's budget neutrality under its Section 1115 Medicaid Waiver. Vermont requests an opportunity to work with CMS to eliminate any negative impact from this opportunity on the State's Section 1115 Medicaid Waiver. The State also expects to have further discussions with CMS about how this opportunity will interact with its Section 1115 Medicaid Waiver renewal which is anticipated to be effective January 1, 2022.

Ongoing Stakeholder Engagement

While Vermont's initial spending plan was improved by stakeholder input received from an online survey specific to this funding opportunity, the level of stakeholder input required to ensure the plan is responsive to the needs of individuals, families, caregivers, providers, and other stakeholders has not yet been achieved. The State is committed to working with stakeholders to refine the initial spending plan for the first quarterly narrative submission on July 18th, and quarterly thereafter through the end of the funding period in 2024.

Appendix

A. Spending Plan Projection Spreadsheet
B. Letter from Medicaid Director

Appendix A – Spending Plan Projection Spreadsheet

for calculating 10%	QE 0621	QE 0921	QE 1221	QE 0322	Total	
Regular HCBS Total Computable	160,971,541	160,971,541	160,971,541	160,971,541	643,886,163	
New HCBS Program (Provider rate increase) Total Computable		4,284,164	4,284,164	4,807,921	13,376,248	
State share	47,051,981	48,304,242	48,304,242	48,457,337	192,117,803	
Federal Share	113,919,559	116,951,462	116,951,462	117,322,125	465,144,608	
Funds attributable to the HCBS FMAP increase	16,097,154	16,525,570	16,525,570	16,577,946	65,726,241	*10% fmap savings that can be reinvested into HCBS*

Vermont Spending Plan

Year 1 - New HCBS Program Spending	QE 0621	QE 0921	QE 1221	QE 0322	Total
Improve Services (1b) - Provider rate increase (with 10%)		4,284,164	4,284,164	4,807,921	13,376,248
Improve Services (1a) - New & Additional Services					-
Improve Services (1c) Strengthen Assessment and Person-Centered Planning Processes					-
Improve Services (1d) - Address Covid-related Concerns					-
Workforce (2a) - Training					-
Workforce (2b) - Recruitment & Retention					-
Oversight/Data/Systems (3a) - Quality Improvement					-
Oversight/Data/Systems (3b) - Use of Technology					-
Oversight/Data/Systems (3c) - Improve Care					-
Oversight/Data/Systems (3d) - Address SDOH					-
Oversight/Data/Systems (3e) - Program Administration			100,000	100,000	200,000
Oversight/Data/Systems (3f) - Capital Improvements (no ffp)					-
Subtotal Total Computable	-	4,284,164	4,384,164	4,907,921	13,576,248
State share		1,252,296	1,208,192	1,351,335	3,811,823
Federal Share		3,031,868	3,175,972	3,556,586	9,764,425

Year 2 - New HCBS Program Spending	QE0622	QE0922	QE1222	QE0323	Total
Improve Services (1b) - Provider rate increase	4,807,921	4,807,921	4,807,921	4,807,921	19,231,682
Improve Services (1a) - New & Additional Services	2,500,000	2,500,000	2,500,000	2,500,000	10,000,000
Improve Services (1c) Strengthen Assessment and Person-Centered Planning Processes	500,000	500,000	500,000	500,000	2,000,000
Improve Services (1d) - Address Covid-related Concerns	250,000	250,000	250,000	250,000	1,000,000
Workforce (2a) - Training	375,000	375,000	375,000	375,000	1,500,000
Workforce (2b) - Recruitment & Retention	1,875,000	1,875,000	1,875,000	1,875,000	7,500,000
Oversight/Data/Systems (3a) - Quality Improvement	2,090,755	2,090,755	2,090,755	2,090,755	8,363,020
Oversight/Data/Systems (3b) - Use of Technology	2,437,500	2,437,500	2,437,500	2,437,500	9,750,000
Oversight/Data/Systems (3c) - Improve Care	478,114	478,114	478,114	478,114	1,912,456
Oversight/Data/Systems (3d) - Address SDOH	375,000	375,000	375,000	375,000	1,500,000
Oversight/Data/Systems (3e) - Program Administration	100,000	100,000	100,000	100,000	400,000
Oversight/Data/Systems (3f) - Capital Improvements (no ffp)	750,000	750,000	750,000	750,000	3,000,000
Subtotal Total Computable	16,539,290	16,539,290	16,539,290	16,539,290	66,157,158
State share	7,623,078	7,623,078	7,725,708	7,725,708	30,697,572
Federal Share	8,916,212	8,916,212	8,813,581	8,813,581	35,459,586

Year 3 - New HCBS Program Spending	QE0623	QE0923	QE1223	QE0324	Total
Improve Services (1b) - Provider rate increase	4,807,921	4,807,921	4,807,921	4,807,921	19,231,682
Improve Services (1a) - New & Additional Services	2,500,000	2,500,000	2,500,000	2,500,000	10,000,000
Improve Services (1c) Strengthen Assessment and Person-Centered Planning Processes	500,000	500,000	500,000	500,000	2,000,000
Improve Services (1d) - Address Covid-related Concerns	250,000	250,000	250,000	250,000	1,000,000
Workforce (2a) - Training	375,000	375,000	375,000	375,000	1,500,000
Workforce (2b) - Recruitment & Retention	1,902,311	1,902,311	1,902,311	1,902,311	7,609,244
Oversight/Data/Systems (3a) - Quality Improvement	2,241,134	2,241,134	2,241,134	2,241,134	8,964,536
Oversight/Data/Systems (3b) - Use of Technology	2,437,500	2,437,500	2,437,500	2,437,500	9,750,000
Oversight/Data/Systems (3c) - Improve Care	478,114	478,114	478,114	478,114	1,912,456
Oversight/Data/Systems (3d) - Address SDOH	375,000	375,000	375,000	375,000	1,500,000
Oversight/Data/Systems (3e) - Program Administration	100,000	100,000	100,000	100,000	400,000
Oversight/Data/Systems (3f) - Capital Improvements (no ffp)	750,000	750,000	750,000	750,000	3,000,000
Subtotal Total Computable	16,716,980	16,716,980	16,716,980	16,716,980	66,867,918
State share	7,804,212	7,804,212	7,804,212	7,804,212	31,216,846
Federal Share	8,912,768	8,912,768	8,912,768	8,912,768	35,651,072

All Years - New HCBS Program Spending	Cumulative Total
Improve Services (1b) - Provider rate increase	**51,839,612**
Improve Services (1a) - New & Additional Services	**20,000,000**
Improve Services (1c) Strengthen Assessment and Person-Centered Planning Processes	**4,000,000**
Improve Services (1d) - Address Covid-related Concerns	**2,000,000**
Workforce (2a) - Training	**3,000,000**
Workforce (2b) - Recruitment & Retention	**15,109,244**
Oversight/Data/Systems (3a) - Quality Improvement	**17,327,556**
Oversight/Data/Systems (3b) - Use of Technology	**19,500,000**
Oversight/Data/Systems (3c) - Improve Care	**3,824,912**
Oversight/Data/Systems (3d) - Address SDOH	**3,000,000**
Oversight/Data/Systems (3e) - Program Administration	**1,000,000**
Oversight/Data/Systems (3f) - Capital Improvements (no ffp)	**6,000,000**
Subtotal Total Computable	**146,601,324**
State share	**65,726,240**
Federal Share	**80,875,083**