



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

**Section 9817 Home and Community-Based
Services Federal Match Increase
Quarterly Update**

State of Delaware

Stephen Groff, Director
Division of Medicaid and Medical Assistance
(DMMA)

October 26, 2021

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Letter from the Delaware State Medicaid Director

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

Dear Deputy Administrator Tsai:


On behalf of the State of Delaware, please find the Quarterly Home and Community-Based Services (HCBS) Spending Plan that outlines the intended use of funding available under the American Rescue Plan Act of 2021 (ARP), Section 9817. Updates from the Initial Spending Plan include a commitment to several initiatives that will enhance, expand, or strengthen HCBS, with a request for funding.

Delaware makes the following assurances:

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

Once approved, I will ensure Quarterly Spending Plans continue to be provided along with any associated reporting. Please contact me at (302) 255-9663 or Stephen.Groff@delaware.gov with any additional questions.

Sincerely,

DocuSigned by:

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Stephen Groff
State Medicaid Director

Executive Summary

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

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

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

integrated settings. The PROMISE Program is administered by DSAMH through an FFS delivery system.

- **Program for All-inclusive Care for the Elderly (PACE)** The State contracts with one PACE provider who operates two PACE sites.
- **State Plan HCBS for children and adults** including targeted case management, home health, private duty nursing services, and rehabilitation services (including rehabilitative services for children covered under Delaware’s early and periodic screening, diagnosis and treatment section of the State Plan). These services are provided through both managed care (DSHP MCOs) and FFS delivery systems.

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

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

These amounts will become part of the Medicaid and DDDS base expenditures in future spending. Additionally, Delaware is preparing for an expansion of our PACE program, adding a new PACE provider and site in early 2022.

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

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

Stakeholder Input

Quarterly Update for October 2021

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

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

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

Initial Spending Plan

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

State's Response to Request for Additional Information

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

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

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

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

Spending Plan Projection

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

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

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

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

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

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

Anticipated Expenditures for Activities to Enhance, Expand or Strengthen HCBS between April 1, 2021 and March 31, 2024

Quarterly Update for October 2021

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

Activity	Total Computable Costs	State Share (Funded through ARP Spending Plan Monies)	Amount Spent in Quarter Ending 9/30/21	Total Spent
DDDS DSP Recruitment and Retention Bonus Payments	\$3,600,000	\$1,298,800	\$0	\$0
Provider rate study for DSPs who provide services under DSHP and DSHP Plus benefits and state-funded services through DSAAPD	\$400,000	\$200,000	\$0	\$0
Update critical incident management processes, to improve cross-agency collaboration for preventing, identifying, and addressing critical incidents. This work will plan for business needs for any future IT system build; the actual IT system build details and cost may be included in a future Quarterly Update	\$140,000	\$14,000	\$0	\$0
LTSS Strategic Planning Study that includes assisted living, services supporting participants with traumatic brain injury, adult foster care, and other areas, to address service needs as well as housing needs	Under development		\$0	\$0
Add a respite service for children with medical complexity and children involved with SED, MH and MH/IDD	Under development		\$0	\$0

Activity	Total Computable Costs	State Share (Funded through ARP Spending Plan Monies)	Amount Spent in Quarter Ending 9/30/21	Total Spent
Develop process for more effectively coordinating the care for children and adults with complex needs and multi-system involvement	Under development		\$0	\$0

The total state share for the three initiatives for which DMMA requests funding through the Spending Plan is \$1,512,800. This leaves an estimated \$51,225,791 of Spending Plan funds remaining to be spent through March 31, 2024.

Spending Plan Narrative

Quarterly Update for October 2021

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

Direct Support Professionals Bonus Payments

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

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

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

Type of Payment	# of DSP's estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
Recruitment Bonus	600	\$1,000 per DSP <ul style="list-style-type: none"> • First \$500 would be paid after successful completion of all required initial training and successful completion of a minimum of 90 days on the job • Remaining \$500 would be paid in two equal payments of \$250: one at six months on the job and the 	\$600,000	DDDS HCBS providers will pay their eligible employees the bonus payments and will seek reimbursement from DDDS. Providers will submit a monthly invoice including: <ul style="list-style-type: none"> • Employee name • Employee date of birth • Effective date employment 	<ul style="list-style-type: none"> • New DSPs are defined as not previously been employed as a DSP by any DDDS HCBS service provider within the last six months. • New DSPs employed to work a minimum of 25 hours a week on or after May 1, 2021 are eligible for this

Type of Payment	# of DSP's estimated	Amount Paid	Estimated Total Computable Costs	Distribution Method	Notes
		second at one year on the job.		<ul style="list-style-type: none"> • Average number of hours worked per week • Confirmation that the employee has completed required training 	recruitment bonus.
Retention Payment	3000	\$1,000 per DSP	\$3,000,000	DDDS HCBS providers will pay their eligible employees the bonus payment and will seek reimbursement from DDDS. Providers will submit a single invoice including: <ul style="list-style-type: none"> • Employee name • Employee date of birth • Effective date employment • Average number of hours worked per week 	<ul style="list-style-type: none"> • Each DSP employed prior to April 30, 2021 who was employed to work a minimum of 25 hours per week would receive a \$1000 retention bonus.
Total	3600		\$3,600,000		

While the estimated total computable costs for this initiative equals \$3.6 million, the state share funded through the enhanced FMAP is estimated to be approximately \$1.3 million.

DMMA is currently in the process of planning for recruitment bonuses and retention payments for DSPs who support DSHP and DSHP Plus members, as well as members supported through state-funded DSAAPD services. DMMA issued a survey this week to providers to gather critical information that will help develop DMMA's process. It is anticipated that DMMA will make payments to DSPs who provide the following services: attendant care, chore, companion,

homemaker, home health aide, respite (in-home), community-based residential alternatives that include assisted living facilities, adult day serviced and day habitation. DMMA plans to make recruitment bonuses and retention payments in the same amounts as DDDS, implemented through a non-risk arrangement with the MCOs. Additional details as well as budget amounts for this phase of the initiative will be included in the January Spending Plan Update.

Individuals are only eligible to be paid a \$1000 bonus one time and are not eligible for additional recruitment bonuses (of any denomination) resulting from employment with multiple providers or as a result of terminating employment with one provider and obtaining new employment with a different provider. DDDS and DMMA will implement review processes within and between the partner Divisions to assure that DSPs only receive one recruitment bonus/retention payment.

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

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

Rate Study for DSPs

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

- Inventory of the approaches to rate-setting for HCBS as well as the methodologies in the current system
- Review of relevant regulations, legislation and policy
- Identification of appropriate service codes
- Review of service requirements
- Review of service utilization
- Analysis of data from provider agencies and from other market sources
- Feedback from key stakeholders on current system including providers, provider organizations such as the Delaware Association for Home and Community Care, members, families, advocacy organizations such as Family Voices, and the general public

- Provider survey to assess information such as wage and benefit cost, productivity, transportation expenses
- Analysis of additional independent data sources such as:
 - Wage data and cost of health insurance data from the Bureau of Labor Statistics
 - Wage growth data from the Bureau of Economic Analysis
 - U.S. Census Bureau data
 - Workers' Compensation Insurance Rating Bureau data

Critical Incident Management System Upgrade

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

Under Development: Delaware Long-Term Services and Supports Strategic Planning Study

In 2010, Delaware performed a comprehensive study titled "Promoting Community-Based Alternatives for Medicaid LTSS for the Elderly and Individuals with Disabilities." The recommendations from this report led to Delaware's DSHP Plus 1115 Waiver Program, which included MLTSS, an enhanced set of HCBS benefits, a renewed focus on dual eligible and individuals "at risk" for meeting an institutional level of care, and additional self-directed care options. In 2021, DMMA will conduct a new study to refresh this assessment of the current LTSS system in Delaware and assess the best options for Medicaid beneficiaries, families and providers in light of the stakeholder feedback received on DMMA's HCBS Spending Plan. This study will consider issues such as:

- How well is DMMA meeting the needs of individuals with Traumatic Brain Injury or Acquired Brain Injury (TBI/ABI) and should Delaware enhance its current HCBS for TBI/ABI model?
- How well are EPSDT benefits and the Lifespan 1915(c) Waiver meeting the needs of children with medical complexity and should DMMA develop a pediatric HCBS option?
- What role is Assisted Living playing in the continuum of LTSS options in Delaware Medicaid and should DMMA take steps to strengthen this role?
- Are there other "supported housing" options DMMA should consider adding to its 1115 HCBS array such as adult foster homes or other shared living arrangements?

- How is Medicare affecting Delaware's LTSS program and what opportunities should DMMA consider to better serve dual eligibles, including those dual eligibles not yet at an institutional level of care?
- How well is the current service array supporting members with Alzheimer's disease or other types of dementia and their families to enable them to remain in their homes and/or communities?
- The recommendations from this study will also be used to inform the LTSS initiatives to be included in the DSHP 1115 Waiver extension. The current DSHP 1115 Waiver expires December 31, 2023.

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

Under Development: Respite for Caregivers of Children

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

Spending Plan funds will be used for the initial development and implementation of the service and will be integrated into the Medicaid baseline budget in order to sustain the service over time. The intent is that respite is the first step within larger initiatives targeted toward children on Medicaid with these needs. The State will work with its partner State Agencies as well as families and other stakeholders in the development of this service. Additional details including the service definitions, provider qualifications and budget will be included in the January Spending Plan submission.

Under Development: Children and Adults with Complex Needs

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

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

Appendix A

Initial Spending Plan: Proposals under Review by DMMA

Based on stakeholder feedback and legislative direction, DMMA continues to review proposals that fall into the themes described below. **At the time of submission of this Quarterly Update, DMMA continues to review, discuss and evaluate these concepts.**

This table represents the full list of activities provided in the Initial Spending Plan and the status of these activities. Each activity is described as: included in this October 2021 Quarterly Update, to be included in a future Quarterly Update once additional details are operationalized, and remains under consideration but not yet ready for inclusion in a Quarterly Update.

Activity	Activity Included in this October 2021 Update	Activity to be Included in Future Quarterly Update	Remains Under Consideration
<i>Improve Workforce Development and Retention</i>			
Increase PDN and DDDS DSP provider rates, as directed in the SFY 2022 budget			✓
Conduct a market rate study for HCBS DSPs in the DSHP and DSHP Plus Program who are not included in the McNesby Act, to help evaluate and ensure parity in the HCBS DSP workforce wages	✓		
Enhance DSPs through sign-on or retention bonuses	✓ (for DDDS)	✓ (for DSPs in DSHP, DSHP Plus and DSAAPD)	
Strengthen the DSP career path by providing additional training and developing workforce certification through the National Alliance of Direct Support Professionals			✓
Create a nursing incentive campaign, specifically to offer service retention bonuses for nurses providing home care			✓
Develop a nursing services pilot program to address and enhance back-up and on-call staffing for members receiving HCBS			✓
Work with nursing programs to include home care rotations			✓
Provide tuition assistance for nurses seeking to further their education who provide home care services			✓
Develop a program for people with disabilities to train as DSPs serving others with disabilities			✓

Activity	Activity Included in this October 2021 Update	Activity to be Included in Future Quarterly Update	Remains Under Consideration
Provide funding for specialized training to build capacity in the areas of mental health, SUD, dementia, complex medical conditions, cultural, and disability competency			✓
Reimburse providers for unexpected costs during the public health emergency, including staff time and personal protective equipment			✓
<i>Promote Housing Supports</i>			
Implement tenancy supports for qualified tenants, including support for housing search, move-in expenses, and other wraparound services			✓
LTSS Strategic Planning Study to determine how supported housing models, including assisted living, adult foster care, and/or shared living might be strengthened in Delaware.	✓		
<i>Increase Support for Family Caregivers</i>			
Fund supports for families during periods where a family member is “at risk,” either pre-Medicaid eligible or while Medicaid eligibility is being determined, to decrease waiting time for service initiation			✓
Provide enhanced assistance to families tasked with transitioning young adults to adult services at age 21			✓
Increase funding for respite and simplify process for families to request respite services	✓		
Increase supports to families and other individuals for completing Medicaid long-term care applications			✓
<i>Expand or Enhance Services</i>			
Expand PACE			✓
Increase investments in adaptive and assistive equipment and devices for use in the home and home modifications such as ramps, grab bars, stair lifts and stationary overhead lifts, door widening and bathroom modifications			✓
Increase the availability of both medical and non-medical transportation			✓
Implementing remote monitoring services, which would also strengthen the DSP workforce for those who could be safely managed without in-person support			✓
Provide computer tablets to participants who are homebound to support community integration and ability to access telehealth			✓

Activity	Activity Included in this October 2021 Update	Activity to be Included in Future Quarterly Update	Remains Under Consideration
Make permanent the increase in home-delivered meals offered through the public health emergency disaster authority; provide a second home-delivered meal to participants with this need identified in their person-centered service plan			✓
Increase input and support from registered dietitians on the menus developed for home-delivered meals			✓
LTSS Strategic Planning Study, to determine if there is a need to increase supports for individuals impacted by brain injury	✓		
Enhance the HCBS Continuum of Care			
Review and update reimbursement strategies to support community-based settings (rate study for DSPs as described above)	✓		
Provide education and increase communication to Certified Nursing Assistants on positions available in assisted living facilities			✓
Improve medication administration training and make it consistent throughout the State			✓
Expand and enhance person-centered planning practices for individuals who direct their own care through the use of micro-boards and self-directed support corporations			✓
Enhance behavioral health provider capacity for special populations			✓
Develop a Mobile Response Incentive Program			✓
Information Technology Infrastructure Investments			
Invest in data matching and cross-sector data sharing to improve health outcomes for participants			✓
Invest in improvements and upgrades to Delaware’s critical incident management information technology system	✓	✓	

DMMA expects the Spending Plan will evolve over time. We plan, over the course of the coming months, continued stakeholder engagement and feedback that will result in further refinement to the plan. As DMMA, working with partner Divisions within DHSS, refines our HCBS Spending Plan, we will provide an updated document through the quarterly reporting process.