

**DEPARTMENT OF HEALTH CARE FINANCE AND
DEPARTMENT ON DISABILITY SERVICES**

PUBLIC NOTICE OF PROPOSED WAIVER AMENDMENTS

Home and Community-Based Services Waiver for Individual and Family Support (IFS)

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in an Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2016 Repl. & 2019 Supp.)), and the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.01 et seq. (2018 Repl.)), and the Director of the Department on Disability Services (DDS), pursuant to authority set forth in Title I of the Department on Disability Services Establishment Act of 2006, effective March 14, 2007 (D.C. Law 16-264; D.C. Official Code § 7-761.01 et seq. (2018 Repl.)), hereby give notice of their intent to submit an application for amendments to the District of Columbia Medicaid's Home and Community-Based Services for Individual and Family Support (IFS) Waiver program to the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) for review and approval.

The amendment application for the IFS waiver contains three types of substantive changes to be effective October 1, 2022, or upon approval by CMS, whichever is later, as follows: (1) modifying the Developmental Disabilities (DD) criteria for waiver enrollment eligibility; (2) proposing the addition of new services; (3) setting payment rates for new services; (4) adding the option for participant-directed services (PDS); (5) to the extent authorized by District legislation and approved under the District's Section 9817 American Rescue Plan Act Spending Plan, modify reimbursement methodology to include District-funded payment enhancements; and (6) modifying the waiver enrollment process.

The District is also proposing the following amendments to Waiver Appendices A, B C, E, G and I: (1) add a vendor for Financial Management Services (FMS)/Support Broker entity to provide financial management and information, and assistance services for participants in the PDS program; (2) modify the scope of companion services to allow the service to be rendered by the individuals relative when participant-directed; (3) modify the number of individuals served; (4) add the option to participant direct in-home supports, individualized day supports, companion services, respite, and individual-directed goods and services (IDGS); (5) add two (2) new services (remote support services and IDGS); (6) set reimbursement rates for new services; and (7) modify quality improvement performance measures to remove measures that maintained consistent oversight compliance and add a new performance measure for provider review.

The proposed DD eligibility expansion grants DDS the authority to expand IFS Waiver services to individuals with DD without a diagnosis of an Intellectual Disability (ID) based on the DDS Establishment Act at D.C. Official Code § 7-761.05(1)(a) (2018 Repl.), as amended, which

permits services in accordance with D.C. Law 2-137, codified at D.C. Official Code §7-1301.01 *et seq.* (2018 Repl.). The proposed DD eligibility expansion also incorporates modifications to the definitions of DD and ID and amends the waiver eligibility criteria to acknowledge that onset of ID can occur after age eighteen (18) up to age twenty-two (22). Whereas criteria before required onset of ID prior to age eighteen (18).

The proposed new service, remote supports, will enable individuals to be more independent and less reliant on staff to be physically present to receive support. The remote supports service will be available for the following waiver services: assistive technology services, behavioral supports, bereavement counseling, creative art therapies, day habilitation, employment readiness, family training services, fitness training, nutrition evaluation/consultation services, occupational therapy, parenting supports, sexuality education, speech, hearing, and language, and supported employment. Remote support services will be a separate billable service with a specialized rate different from the in-person service delivery rate. Remote support service rates for speech, hearing, language services, occupational therapy services, bereavement counseling, fitness training services, nutrition evaluation/consultation services, sexuality education services, and creative art therapies services will maintain the same rates.

The proposed new service, IDGS, are services, equipment, or supplies not otherwise provided through the IFS Waiver or State Plan. Furthermore, IDGS are only available if the individual does not otherwise have the funds to purchase the good or service or the good or service is not available through another source. IDGS are purchased from the participant-directed budget. Experimental or prohibited treatments are excluded. These goods and services must address an identified need in the participant's individual service plan (ISP). IDGS are only available to waiver participants who are enrolled in the participant-directed services program.

The IFS amendment is proposing to include PDS. Participant-directed Medicaid services means that participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. The PDS delivery model is an alternative to traditionally delivered and managed services, such as an agency delivery model. Participant-direction of services allows participants to have the responsibility for managing all aspects of service delivery in a person-centered planning process. The PDS delivery option will be offered for the following services: in-home supports service, individualized day supports services, companion services, respite daily services and individual-directed goods and services.

There are two opportunities for the public to provide comments or other input on the proposed HCBS IFS Waiver amendments:

First, written comments on the proposed IFS Waiver amendment shall be submitted to: Katherine Rogers, Director, Long Term Care Administration, Department of Health Care Finance, 441 4th Street, NW, Suite 900S, Washington, D.C. 20001, or via email at Katherine.Rogers@dc.gov during the thirty (30) calendar day public comment period, starting from the date this notice is published in the D.C. Register.

Second, DHCF and DDS will hold a virtual public forum during which written and oral comments on the proposed IFS waiver amendment will be accepted. The virtual public forum will be held on **May 25, 2022, from 10:00 am to 11:30 a.m.** Scheduling information for the public forum will be posted on the DDS website at <http://dds.dc.gov/ifs-waiver-amendment>. Individuals can join the public forum by telephone by dialing **1-650-479-3208** and using the access code **479 487 709**. Web conference information will be available on the DDS Website.

Accommodations for the public forum are available upon request. Please provide your name, address, telephone number, organizational affiliation, and accommodation request, if needed, to Donnise Taylor at (202) 730-1556 or email Donnise.Taylor@dc.gov.

Electronic copies of this notice also will be published on the DDS website at <http://dds.dc.gov>.

A summary of all proposed substantive changes in the amendment application, including detailed information about any substantive changes to rates, and copies of the proposed waiver amendment application may be obtained on the DDS website at <http://dds.dc.gov/ifs-waiver-amendment>, and is available upon request from Winslow Woodland, Deputy Director, D.C. Department on Disability Services, Developmental Disabilities Administration Division, 250 E Street, SW, 5th Floor, Washington DC 20024, or by email to Winslow.Woodland@dc.gov.