

Overview of DDD's ARPA Spending Plan- Video Transcript

[Mary Brogan, DDD Administrator]

Welcome everybody to our webinar this afternoon on the American Rescue spending plan. We are going to take you through the features of the spending plan but start with an overview and a reminder about what the American Rescue Plan is. Next slide.

So, a number of you were with us, probably last May, when we were starting to write the spending plan and we did gather a lot of information from stakeholders and crafted a spending plan that was recently approved. But just a little reminder about what the American Rescue Plan is and so starting on the first step--the one that says March 11-- the American Rescue Plan or the ARPA is a Covid-19 Relief Law, and it was passed by Congress and signed into law by President Biden and the purpose was to build pathways toward economic recovery. So, among the things that the ARPA does is provide immediate pandemic related relief including things like supporting the national vaccination program; providing relief to families; providing relief to struggling businesses and communities. So, lots was included, and it was overall funded at 1.9 trillion dollars. There's a particular part of the American Rescue Plan on the next step up, which, is the Medicaid provisions and those are contained in Section 9817 of the American Rescue Plan and those provisions are designed to increase coverage for Medicaid recipients of Home and Community Based Services to expand benefits and to increase federal funding for state Medicaid programs. So, this particular Section 9817 is really important to 1915c Waivers, such as the one that's operated by DDD and again apply specifically to Medicaid Home and Community Based Services or HCBS and what the provision is, is that it allows states to tailor the HCBS enhancement that we want to make based on the needs and priorities of the people that are served. So, and we also have to strengthen the HCBS workforce and safeguard financial stability of providers. Those were the main purposes of Section 9817 of ARPA. So, really what the purpose is to be able to strengthen the program and accelerate any reforms or innovations that states are making around HCBS programs. So, specifically the 9817 of ARPA gave us a 10 percent increase in the federal share of Medicaid funded programs. So, the federal share went up and then the state share goes down and the money in between are those funds that were afforded to implement improvements and we're collecting these, if you will, benefiting from that 10 percent F map-- it started on April 1st, 2021 through March 20th, 2022. So, that's what that second step talks about. So, Medicaid pays a larger share of each claim and allows states to use the money that gets freed up so the next step up, September 14, 2021. The spending plan that we submitted in partnership with the Med quest division was partially approved and for DDD it was substantially approved there were just a couple of minor questions that were asked, and we have addressed those

questions. So, remember, on step one, I said just the money is available from April 1st, 2021 to March 31st, 2022 but the Medicaid has instructed that states have until March 31, 2024 to spend these funds, because they realize you can't spend it all in one year and so our spending plan goes out until March 31st, 2024. So, those are the kind of dates and steps that we've been going through in order to be able to have benefit from these funds. Next Slide.

But there are certain requirements that states are held to and we call these maintenance of effort requirements and they appear in these boxes. So, first of all, in order to use the 10 percent funding, what we have to do is make sure that we are supplementing and not supplanting existing state funds. What that means is that, if we already had state funds allocated for our program, that these are in addition--they supplement, and it can't take the place of the existing funds. So, that's that.

The other thing that goes along with that is maintaining eligibility and maintaining services and maintaining rates, so you can't pay less for services during the ARPA period until the end of the spending plan in 2024. Number two, we have to use the funds for specific purposes that CMS outlined, and it boils down to enhancing, expanding or strengthening Medicaid Home and Community Based Services. So, when we turn in our plan and they judge our plan, they crosswalk to make sure that everything we wrote in there would enhance, expand, or strengthen our program. And number three the other requirement is that we have to submit a quarterly spending plan and narrative. So, we turn in that initial plan and then every quarter we have to report on what we took in, what we spent and ultimately, what we are implementing what we are learning from the implementation and it also gives us an opportunity to make any changes to the spending plan. So, you know, as things go along you have a budget in the beginning but if you do have to make changes, the mechanism to do that, is through that quarter report. And then I put on the fourth slide or the fourth box, here is a really important one that the funds must be spent on HCBS related services and infrastructure states can't use these funds for anything else but the things in the spending plan and so that becomes really important for us, as we look forward in working with the state budget to be able to carry over these funds and through to 2024 so that we can implement the spending and that's a kind of complex one, but it's something that we're working on and we probably will need a partnership around. So, the next slide.

So, many of you remember that we did a survey and focus groups that helped us to answer the question of how should we enhance expand or strengthen the waiver. And we use these kinds of questions in DDD often to help guide the planning, which is how might we do things and these were the questions that we posed to ourselves as we were designing the spending plan. What new services and supports are needed; how can we further support individuals to live their good life in the community; what supports families need; how might we strengthen the direct support professional workforce. So, designing things that will answer these questions and a real core one for us because we heard this so many times from so many stakeholders --especially families-- is how do we improve the quality of services? How do we

know that services are working? How do we know what the skills of staff are? and How can we continually enhance those skills? And ultimately, the last question was, how do we ensure that the system is adequately funded on an ongoing basis. So, the next slide is, finally we're going to talk a little bit about how we will invest. What are the features that were approved in our spending plan? So, the rest of the presentation is about how Hawaii will invest using the spending plan. Next slide.

So, this is how the spending plan is organized. It's organized into five different priorities, that have initiatives underneath them and that's what we're going to be going through today. So, the first priority is supports for participants and families. Just a brief thing about these figures, underneath these dollar figures, underneath the priorities the ARPA monies; those monies that are attributed to the 10 percent increase in the federal share, that's what that 1.3 million equals, but we are able to leverage the funds through different kinds of claiming-- either service claiming or administrative claiming, so the total investment magnifies-- it grows. So, that's what those two figures are. So, again in that first priority, there's a group of initiatives that fall under supports for participants and families. The group of initiatives under priority two, will strengthen provider capacities and again we're going to walk through all of these. You'll see that this was our biggest investment in under priority 2. Priority 3 is what I call kind of the crown jewel of our initiatives and it has to do with a very exciting workforce initiative and workforce development strategies and those are the investments under it. Priority 4 are initiatives to improve protections for health, safety, and well-being. And priority 5 are initiatives that will strengthen our system infrastructure and accountability within our system. And also, there's some funds in there to help us implement all these various initiatives that we're talking about. So, the total ARPA funds equal about just over 15 million dollars but we think we can leverage those funds for an additional set of funding. So, the total investment is about 30 something million dollars, which is a sizable investment into strengthening our service system. So, again the overall intent is to seed innovation and we will be phasing these initiatives in over time, largely through the mechanism of a waiver amendment, as well as different contracts and initiatives that we're going to be executing over time. So, we're quickly trying to understand everything that we need to do and so these initiatives are designed to further strengthen the service system but and some are short-term investments, but we'll see more innovation, and some will require future investment. So, things that we might need partnership from the legislature to continue the initiative in order to see the outcomes for it.

So, the next slide jumps into priority number one and this is supports for participants and families and there are three in separate initiatives under this priority. The first one is called, "Option for Individuals with Behavioral Challenges" what this is, is a new waiver service that we would have to amend our waiver to begin, but it is a residential option for people with complex behavioral issues. And so, this is a group that we've heard over and over again, that we really may not have the right resources, may not have the right practices, may not have the right lens, the training, the staffing, all of that-- in order to help people, who may have had behavioral challenges for a while and people say, oh my God, we don't know what else to do?

So, this is something that we're engaging with people to design. It would be a very small setting and highly individualized. We want to make sure that staff have advanced skills and that they be part of a team of people that are supporting people in the residential setting and it would be using something we call, "Positive Approaches" and we're going to talk a little bit more about that later and we'll also include some startup costs because you can't just open your doors and expect the service to be in place, there's training and maybe even some capital improvements that would need to be made. So, that's the first option. And then second initiative is also a new waiver service, and this is a peer mentoring service, so family to family, people with lived experiences helping other family members to do things like navigate services; engage in person-centered planning in the planning process; learn about access to community resources and make connections to enhance individual and family resilience. So, it's a first time where we're looking at this kind of service that is highly used in other systems like mental health systems which is peer-to-peer work and it would be provided by trained peers. So, that's the second initiative and the third initiative that we put into our plan but would not be using ARPA funds but we'll use our existing funds for and we'd like to start up a regular participant and family forums that at least right now would be an annual event and would be a time to have conversations, to network, to learn, to share experience and for us to all gain insights and look at ways that we can build sustainable stakeholder participation--so these are participant and family forums.

And again, I just remind you, that if you have ongoing questions you can use the Q&A thing at the bottom of your screen.

So, I have this slide too. So, I was going to ask one of our Branch Chiefs to weigh in on priority two, but there's been a bit of a medical issue and so we are going to-- you're going to be listening to me for a little while longer, on these initiatives. So, Priority 2 again, if you remember, this was our largest spending plan investment and it's specific to increasing provider payment rates. We felt that we need to support the providers especially during this time when utilization has gone down and when it gives us an opportunity to jump start a lot of the initiatives that we're talking about so what we're going to do is to look at increasing the provider payment rates and we start with the rate study that was conducted in 2020. As you know, the Waiver requires us to conduct a study for each waiver to determine the rates that should be paid to providers and we did that for the Waiver that became effective this last July. So, we did that rate study in 2020 and in so-called normal times pre-pandemic we would have gone to the legislature and asked them to fund some or all of that great study but in 2020 that became not a viable thing to go forward with and in 2021, the same thing happened, where we didn't go forward because of the economic situation related to the pandemic. But yet, we have this rate study and so we know in the spending plan it became an opportunity and what we're going to do is look at the rates that were recommended and increase the rates by 50 percent of the difference between the current rates and the recommended rate in the 2020 rate study. So, half of it and it depends on the service what that recommended rate increase is. So, an example is, if a rate is now 30 an hour and the rate study increased to 36 then the

rate will be increased by three dollars to 33 an hour. So, it's that base rate and then what the rate studies said, and the half of the difference is what will be implemented.

So, in general the implementation will incorporate what we call structural changes. So, these are changes that were vetted in the 2020 rate study and based on things that have been shared with us over the years. They are not--these structural changes--are not new changes they are things that we've been talking about and would have implemented if it weren't for the pandemic. So, this gives us the opportunity to do that. So, most of these structural changes apply to ResHab services. For example, doing separate rates for adult foster homes and licensed homes. Separate rates had that all together before, so the structural changes that were moving them apart. Another is that we're standardizing ResHab rates for licensed homes regardless of the home size. So, again things that we have been hearing about for a while. So, the majority of the funds must be used to increase Direct Support Professional compensation and the other thing, and this is, what we've done, is to try to activate these rate increases sooner rather than later, is we are using Appendix K mechanism. So, if you remember that's the emergency amendment that you can use, states can use in order to activate things soon. We feel that it will happen a lot faster if we use that Appendix K mechanism, which we have submitted and so, the intent of that is to make the increases retroactive to July 1st, 2021. So, the beginning of this fiscal year and they will continue through June 30th, 2023. After that, again it would require a legislative investment for that following year because that's really the nearing the end of the ARPA period and when we can leverage the use of these funds. There is an exception to the retroactive to July 2021 piece, which is, that for Consumer Directed Services and we are looking at rolling those in as the plan year starts for each person. And because that was a lot of information, a separate webinar will be scheduled on this to walk through all the nuances of this with providers. So, we're scheduling that. We're trying to install and design all the operational pieces that we need to put in place in order to make this happen and there are a lot in terms of working with conduit and service authorizations and all of that that were problem-solving to have the least impact on case managers and the system. So, the separate webinar will be scheduled for providers and as well as DD staff. I still don't see any Q&A. I thought that would be a lot of them, but maybe not.

So, if again, if you can't digest all of that, that's fine because we're going to have a separate webinar.

So, these are the rest of the initiatives under Priority number 2: Strengthen provider capacities and System Infrastructure. And there are four additional initiatives here. One is invest in quality management and providers will be familiar with the new part of the standard, the new section of the standard, which requires providers to build an internal quality management program and the standards walk through the phase in of that over the next three or four years and so because quality management practices aren't something that we're all born with it's really an acquired set of skills and understanding, these funds will be used to offer technical

assistance and to provide training, to build those cultures of quality within the provider agencies. So, that's that initiative and much more to come on that. The next initiative will continue our efforts in supporting the march to community integration and this is also technical assistance and training for providers to deliver quality integrated services because that's an ongoing journey. I think we have certainly started it over the years, we have the new services that were added and new practices and we're seeing great things out there and this would provide some technical assistance to continue to strengthen those practices, as well, as develop some tools for case managers to collect information on how participants are experiencing community integration, in order for us to have a participant data that will help inform our changes.

The next initiative as we know, everybody talks about competitive integrated employment but how do we do it? How do we make it happen? How do we turn the curve so that more people are engaged in competitive integrated employment are able to prepare for employment and get a job when they want to? So, this again is training and technical assistance. We have we're going to do an RFP for this. We will have it focused on working with day service providers, to expand competitive integrated employment practices, to do some planning with stakeholders, to train participants and families and then too, another big part of it, is engaging with the business community, so that we're all working towards the same thing. The next initiative is on that new service called community navigator, which i think, people are very excited about it, but how do you do it? What does it look like? How can we build a training curriculum? How can we exchange best practices? So, the focus of this will help build training curricula and to share best practices so that we can breathe life into this very promising new service.

And I'm going to turn Priority three over to Stephen Pawlowski, who many of you know, because he's worked the best for a long time and he's going to explain again what i call the crown jewel of our ARPA initiatives.

[Stephen Pawlowski, Consultant to DDD]

Great, thank you so much, Mary. As she mentioned, I'm Stephen Pawlowski. I'm a consultant to DDD but I've been working with the Division for five or six or seven years now. So, I feel like a part of the family. As Mary said, this is one of the initiatives that we're really quite excited about within the ARPA spending plan. If you think about everything that Mary's already covered, one of the things that we're really trying to emphasize is making lasting systems changes with one time fund. So, these dollars are granted to us on a one-time basis. They have to be spent within the next three years but we're really trying to be thoughtful about what investments we can make that will have an impact that goes long beyond 2024. And one of the areas that we think has the greatest potential is making investments in the Direct Support Professional workforce. And as I think everyone can attest, the DSPs really are probably the most critical elements of the service delivery system. They're the folks that work with service recipients on a day in day out basis. They're the face of the system and they really determine the quality of the services being provided. We know however that there's a lot of challenges

that agencies their employers face in recruiting and retention and those challenges have become even worse during the pandemic, that a lot of folks have labeled the DSP workforce in crisis for a number of years and that crisis has been exacerbated during the pandemic--it's been become harder to find people willing to do this really challenging work so our initiative here is thinking about how best to invest in the workforce to improve the skill sets of the direct support professionals and to provide them a career ladder with the idea being that more highly qualified workers and less turnover in the system is going to result in a more reliable and higher quality service delivery framework or system. And so, we have both long-term and short-term solutions to further this initiative. I'm going to kind of take them in reverse order and share with you the longer term vision but because that longer term vision is, by definition, longer term we also wanted to do some things to jump start investments in the DSP workforce, sooner, rather than later, but beginning with the longer term plan what we are envisioning is the creation or adoption of a training or credentialing framework for direct support professionals and so, those of you who perhaps look at trends across the country or are familiar with what some of the other advocacy organizations have produced will recognize that there are actually a number of, what is variably called, credentialing or badging frameworks or DSPs or a direct support or direct care university. There's various frameworks that already put in place that DSPs can participate in and receive a certification or credential labeling them as being a highly skilled direct support professional. So, that's where we're going to start--is producing an inventory of what those existing frameworks are but we're also very sensitive to the fact that that might not exactly fit the needs of Hawaii so there's also going to be a lot of stakeholder involvement to help define what is valued by Hawaiian residents and service recipients. What's important to them in their service delivery system and so in combination of looking what's available nationally and a really stakeholder driven process about what's important to us locally we'll have a conversation about whether or not it makes sense to develop our own training program or adopt one of the training programs that already exists. Ultimately, what we're hoping to do is to tie that to reimbursement for providers so to put this kind of simply, if a service is delivered by someone who has the training or credential that we're talking about the provider is going to be paid a higher rate. So, on a previous slide Mary gave the example of \$30 an hour for a service which is a made-up number but rather than \$30 dollars per hour perhaps the rate will be \$33 an hour or something along those lines to encourage the investment of both the time and money on the part of the agency and the DSP to attend this training or to receive this credential. And, so as you'll see on the bottom of the slide this initiative is envisioned to roll out in four phases; some of which, I've already kind of touched upon but summarizing them each in order. The first is doing research. So, that is understanding what other credentialing or training frameworks for direct support professionals have already been developed and so that we can again use that as a starting point-- as a jumping off point--to thinking about do any of those make sense for Hawaii--and we think that's going to be important to facilitate the next step, which is engagement. So, when we bring folks together, we want to give them a sense of what already exists, so they have something to react to give feedback about whether or not they think any of those make

sense for the state or not. And we really are being thoughtful about how best and how to ensure that there's a lot of stakeholder involvement and we're talking about stakeholders including participants and families, providers, advocates, anyone else who has a stake within the service delivery system, to come together to provide feedback to the Division about what is important to them in terms of the skill sets for the direct support professionals. Building off of that feedback, we'll move on to phase 3, which is the design phase. So, thinking about what people have identified as our priorities how do we put that together into a framework for training or certification within the state that makes the most sense will best meet the needs of folks receiving services. At the same time, we need to think about what the tiered rate system is going to look like. So, I made some numbers up but certainly we're going to need to think about if a given rate is \$30, what's the appropriate incentive rate to be used when the services are delivered by someone who meets our training or certification requirements.

Once that work is done and I don't underestimate the amount of work that will go into it we'll think about how to implement that plan. So, how to bring that training credentialing system up, how to track people who complete the training, how to align reimbursements with that training, how to do any sort of audits that are required and the like. And so, I've covered this in maybe two or three minutes but I think folks are would will quickly realize this is going to take quite a bit of time to accomplish first as I've said a couple of times we really are serious about involving stakeholders, there's going to be a series of meetings and surveys and forums and some combination of tools to get feedback from folks and we certainly want to give folks plenty of time to ponder to think about what's presented to them and that ultimately to provide feedback. But there's also going to need to be a lot of work done around infrastructure. So, I made it sound easy, perhaps, but implementation is going to present its own host of challenges. We're going to need to think about how we can authorize services where the rate's going to vary based upon the qualifications of the staff. So, we're going to need to come up with billing rules for how to handle shared services for you know group services. There's going to be a lot of work that's going to be required just to bring that system up off the ground--how we're going to track people who receive the training and the certification, etc. And then, perhaps, last--but maybe foremost--there's going to be a price tag associated with this. So, we know that if we're going to increase payments based upon the qualifications of staff the money is not in the budget today to do that so that's going to require buy-in from the governor's office and from the legislature to provide additional funding. So, the earliest that this initiative the actual tying of reimbursement to two staff qualifications can begin is July of 2023 so a little bit less than two years from now. However, we don't want to wait a full two years before we start encouraging greater training and investment in the direct support professional workforce. So, that brings us to our shorter-term solution and that's the establishment of two grant programs, both of which, are designed to encourage agencies and individuals to pursue training or certification. The grant program--the first grant program is meant to reimburse the provider for any expenses that they incur while their staff are participating in this training and so you can think that that would include costs such as their

wages and benefits, right? If they're spending eight hours in training that's eight hours of service that they're not providing, and that the agency can't bill for but we don't want that to be a disincentive for agencies to support their workers so we will come up with a mechanism to reimburse providers for the wage and benefit expenses when DSPs are attending the training. Similarly, things like registration fees might be involved. So, if it's a specific training or certification that requires a fee to be paid, we don't want that to be borne by either the agency or the DSP at this point in time so that will also be covered by this grant program. So, any of those expenses, we want to eliminate so that there aren't disincentives to receiving that training or certification.

The second--so that's just a cost reimbursement--the second grant program is meant to be an actual financial incentive. So, for anyone who completes the training or certification that is defined, there'll be bonuses paid: a thousand dollars for the agency and a thousand dollars for the worker.

Overall, both of these grant programs are to be funded at a million dollars so that will cover about 500 direct support professionals is what we're targeting here with each of these grant programs. Of course, there's still work to be done around this as well, but we hope to be rolling this one out sooner, rather than later, some of the key decisions to be made are: what training or certifications are going to be eligible for this grant program and we don't have answers for you today. The idea here is to pursue higher level training. So, something like say, CPR refresher courses certainly are not going to qualify but we also want to be both broad and what does qualify as well as aligning to the extent that we can with what we think the longer term vision is going to be so certainly more to come on that and undoubtedly we'll have more conversations as we're a little bit further along in the process and there's also just work being done about what the administrative process is going to look like: how to apply for these grants, how they're going to be allocated, how they'll be processed and the like. So, I don't have answers for you on those details today but that's the general concept that we're working on. So, ultimately the goal is, over the short term, to establish these grant programs to allow shorter term investment in worker training and then longer term it's to have the stakeholder driven process that tells us what do we think the training or certification in Hawaii specifically ought to look like and ultimately begin tying reimbursement to those the qualifications of the staff but the idea being that if we get legislative buying and funding over the long term this system will remain in place even after the ARPA dollars are gone and we'll have developed this framework to really encourage more and more investment and more and more training in DSPs within the state. That, I think it's back to you, Mary.

[Mary]

Our Medical Director, Dr. Lee is going to be presenting the next two initiatives.

[Dr. Ryan Lee, DDD Medical Director]

Thank you, Mary and Stephen. So, the next two initiatives are in priority four, that improve protections for health safety and well-being, and this is yet another initiative, this positive approach, that we're really excited about because in any effective system of supports, we want to either apply or develop best practices and, in this case, to support persons with intellectual and developmental disabilities and co-occurring mental health conditions that have challenging behaviors. We've often or traditionally relied on pharmacotherapy or medication management that may lead to sedation, various types of restraints-- mechanical, physical and chemical-- some placement disruptions and then our emergency medical systems or police systems and the behavior support plans, but what we found is that these might have limited efficacy and in the long term these approaches haven't been proven to be effective in reducing these extremely challenging behaviors and the quality of life for our participants and you know I'm not downplaying these implementations of strategies, but they do rely a lot on fear, intimidation, and neurochemical adjustment and so, what we have been exploring is another way and we're looking at different approaches, such as the positive approaches that have lasting outcomes and they rely on premises of people feeling safe understood and supported.

We want to understand their needs and understand their strengths and develop the best practices in this area to engage our community. And so, what we are proposing through positive approaches is to train the community and the stakeholders, which are you folks, to change our system and framework for organizations. One that looks at person-centered approaches and in these positive approaches to address challenging behaviors. Specifically, we want to understand the behaviors, recognize the strengths, and establish and build upon the system of trauma-informed care that was started many years ago here.

We want to treat people with dignity and respect, so this initiative is extremely exciting to us and we want to get you guys involved in this one. This shifts the direction of difficult interactions into one of a healing relationship and we think that that's important that we change the responses of many of the system that are that are active now in their lives. And ultimately, we would like to establish policies and processes that create sustainable and lasting positive approach changes that pervade the system. Second initiative is the green one there: improving our critical incident response through analytics and data. So, as it stands many of the critical incidents or adverse events go unreported and we know that, but we want to have a way to be able to capture these in a more effective data-based way. So, we would like to create an initiative through the "INSPIRE" information technology platform and build it in to interface it with Medicaid claims data to be able to detect those unreported events and continue to provide information to us and to the system to be able to identify opportunities for quality improvement and to be able to change perhaps the way we predict and approach and prevent critical incidents. Turn it back to Mary.

[Mary]

Thank you. The last priority five is strengthen system infrastructure and accountability and there's three initiatives in this priority. The first one is conducting system evaluation and we thought this was really important because we have implemented many initiatives as you know through the years especially over the last waiver and more yet that we're doing with the ARPA fund and the spending plan but how do we know if we're making an impact and what is that impact. So, the evaluation will be designed to measure whether the intended goals of these system changes are actually being achieved. One of the things that constantly frustrates me is, we don't really collect outcomes or define outcomes and so how do we do that how do we measure them and how do we measure the impact on the lives of people and on the changes that we'd like to see. For example, has there been a shift to more community integration? This is something that many of our--what we've done with the changes in services and training and rates--that we put into place, is that is there actually increased community integration as a result. We'd like to look at the prevalence of the use of exceptions for individual supports budget, which is an important framework for us, but if we're using exceptions all the time for everything, rather than really using person-centered planning to support people in different ways that might be a problem, so we'd like to look at that. And then we'd like to look at some early information on this particular spending plan and what is the impact are we achieving the goals can we look at wage and benefit data to look at the workforce development--I think it's impacting turnover rates, our rate increases reaching the direct support professionals so that's something in particular that we want to be super accountable to. The next initiative is to strengthen our provider monitoring from just a compliance focus to really something that will give us data to continuously improve practice and programs and so we'll use this initiative to improve our methodologies to develop new tools and to overall strengthen our monitoring program and then all these initiatives which my biggest fear is going to be initiative overload, that people are going to say I can't take anymore we're saturated so how do we manage all of that and using some of the funding to manage the projects and to make sure they're implemented smoothly and effectively . So, next slide.

So, next steps. We want to assemble planning teams for some of these initiatives and would like volunteers and ask for engagement. We will do the Waiver Amendment. We already submitted the Appendix K and we'll be waiting for CMS to let us know whether we can implement the rate increases effective July 1st. We are going to be designing that program that I talked about earlier. The new, which will require a Waiver Amendment for residential supports for individuals who experience challenges, as well as the family-to-family peer support. Those all require a Waiver Amendment. The next step also involves implementation--we have an implementation plan--we meet weekly if not more than weekly on how we're going to implement the 14 initiatives. We are doing the quarterly reporting. We are making sure that the state is in compliance with the supplement not supplant strategy by talking to budget finance into the legislature to look at how we can maintain that maintenance of effort and then like I mentioned earlier, we're going to do the rate change webinar for providers and

staff. So, I think that the left slide and we have a few minutes for questions. So, I'll turn it over to you, Cliff.

[Cliff Villareal, DDD Training Unit]

Alright, thank you again for everybody in joining us. Again, we want to encourage you, if you do have questions, go ahead, and use the Q&A Portal and we'll make sure to answer them during this Q&A Session. I see some comments here. So, I'll start off with some comments. "Mahalo for scheduling the ARPA rates retroactive to July 2021 this will help stabilize the DSW workforce". Awesome thank you for your comment! Also, another comment: "This is wonderful! Awesome! Mahalo for planning a way to start implementing workforce development for DSWs." Indeed! Thank you for your comment. Joshua wanted us to know: "Did you know that for all ABLE account of money for UH Manoa and change system, save money and college ID for CDs school students year of 2022". Thank you for sharing that with us, Joshua. Thank you.

Okay, I think those are the comments. We have some questions here.

Question here is: "Can you expand a little more on the residential setting for high behavior challenges?"

[Mary]

Sure, I'll take that one. So, like Dr. Lee described, there are a lot of people with behavioral challenges in our system that serve throughout the state but there's a subset of people with a very complex long-term challenges that it's largely been a family burden and people have you know get two-on-one, three-on-one or get the restrictive interventions that Dr. Lee talked about. So, we're trying to look at that population because the issues can be severe and can be life-threatening sometimes, especially with quality pharmacy and restrictive interventions. And we haven't seen where ICFs or other settings, including family settings, are well equipped to serve. So, this would be a solution that would happen in a residential setting and would require the staffing with advanced skills and with the support of a multi-disciplinary team using trauma-informed evidence-based, evidence-informed practices. So, highly individualized enhanced therapeutic emphasis. Looking also at understanding if issues are being caused by more physical challenges. So, sometimes it's not that it's a willful behavior it's that person might have something going on with them physically. So, how do we really understand what's going on with people and work in a multi-disciplinary way including working with focusing on transition and the next steps for the person and continued support for that person's success. So, we haven't completely designed this but we're thinking it's something that Hawaii really needs. I hope that answers your question?

[Cliff]

Okay, thank you, Mary. Our next question is from Desi. Thank you for your question: "Will these new initiatives be enabling participants with challenging aggressive behaviors to remain

in Hawaii, rather than being sent to the mainland for treatment, thus being separated or away from their families. Thank you, for your answer."

[Mary]

So, DDD does not send people to the mainland but some-- I know what you're talking about, I think which is, sometimes youth are sent and then they come back and when they're young adults and there's not something in place. So, we aren't looking at a youth-focused program but perhaps, looking at that young adult population or people transitioning out of schools where you know, there's kind of enduring problems that haven't been totally addressed. So, I think that while DDD doesn't send people to the mainland for treatment, there are other systems and sometimes they show up here applying for the Waiver and we really would like to do a much better job in making sure we're supporting people's transitions.

[Cliff]

Thank you, Mary. Next question we have is: "How we get involved in planning meetings?"

[Mary]

I think we're going to be putting out a call for volunteers for particular initiatives. For example, the workforce development initiative. You know, I'd love to form a tight advisory council for that, but we'll be putting out a call for and if you have a desire to be involved there'll be an email at the end of this presentation, I hope. If not, we can get it out to everybody that would collect your information should you want to be involved.

[Cliff]

Wonderful and that kind of bridge over to our next question is how are we able to volunteer for these committees? So, be on the lookout.

Okay. Also, another question is: "Presumed there will need to be discussion of what is baseline from which to measure outcomes? Correct?"

[Mary]

Indeed.

[Cliff]

Indeed, it is. Yes. Okay. This question is from Valerie, "Is what you're proposing similar to a therapeutic living home? Would funding be available to providers to purchase settings?"

[Mary]

We did not build in, purchase of a property into this. We've built in retrofitting like, you know, doing some a little construction to change. But we would be, especially in Hawaii, spending all

our money on purchasing and that's not reimbursable by CMS. So, it would be difficult to do that.

[Cliff]

Okay, thank you, Mary. Next question is from Angela: "What exactly are behaviorally challenged people? Example: severe autism kids?"

[Mary]

Sometimes it would include that population as well as others. A lot of people who have co-occurring mental illness and so, what one of the things, we're doing is defining that eligibility criteria for the residential solution. I think for the positive approaches, it's wide open, you know anybody really that could use these kinds of approaches.

[Cliff]

Okay, thank you Mary. We are here we are at two o'clock, but we have one more question if possible, "Will the Department be updating the old PBSPs? We have PBSP's that are back in 2009. I think this would help the individuals who have current and or new challenging behaviors."

[Mary]

I agree. I think that a fresh look is really important and one of the people that we're working with on the positive approaches' initiative told us, give us your "hardest people" so that we can look at, you know, things from a fresh lens. So, that's a very insightful and great conversation. And there was one I saw, but I don't see it anymore, that asked, "If there would be applications for the grant program for workforce development?", which I had not thought of, but I think it's a great idea and so we probably will be looking at, I think that's Michelle Ku, who asked that? We will be looking at that front door to the grant program.

[Cliff]

Okay, thank you so much! So, it is two o'clock. We want to make sure we respect everybody's time.

So, I guess I'll turn it over to Abi.

[Abi]

All right thank you everybody so much for attending today. Should you have additional questions or if you would like to follow up, send us an email we have our main email address at DDD.DDDPOSSIBILITIES@DOH.HAWAII.GOV

Also, should you need more information about our other initiatives or just to catch up on the latest news and events visit our website at health.hawaii.gov