

Questions and Responses – ARPA Home and Community Based Services (HCBS) Digital Health Technical Assistance (TA) Grant

1. What organizations fit under Long Term Care? Is there a specific category or do they all fit in terms of organizations under this particular grant eligible to receive TA services? Is there a subset of that category that provides home and community-based services?

The following HCBS long term care organizations are eligible to participate in the HCBS PI Program:

- Home health agencies (HHA) assisted living facility (ALF), skilled nursing facilities (SNF) and certified medical assistants (CMA) providers licensed to diagnose and treat health care conditions to the extent permitted by and in accordance with District law and regulations.
- Home and community-based service providers enrolled by DHCF to deliver 1915(c) or 1915(i) services or supports, which includes Adult Day Health Programs (ADHP)

2. Does the Department of Aging fall under the category of home and community-based services? Are they part of the collaborating agencies in the HCBS PI Program?

No. At this time, the Department of Aging and their providers are not part of the HCBS PI Program.

DHCF has identified the following agencies/provider types in this program:

- Department of Behavioral Health (DBH):
 - Mental Health Rehabilitation Services (MHRs), Adult Substance Use Rehabilitation Services (ASURS) and other Rehabilitation Services providers certified to provide services to the extent permitted by and in accordance with District law and regulations
- Department of Health Care Finance (DHCF):
 - Home health agencies (HHA) assisted living facility (ALF), skilled nursing facilities (SNF) and certified medical assistants (CMA) providers licensed to diagnose and treat health care conditions to the extent permitted by and in accordance with District law and regulations.
 - Home and community-based service providers enrolled by DHCF to deliver 1915(c) or 1915(i) services or supports, which includes Adult Day Health Programs (ADHP)
- Department of Disability Services (DDS):
 - Home and community-based service providers delivering 1915(c) services or supports, which includes services authorized under the People with Intellectual and Developmental Disabilities HCBS Waiver Program and the Individual and Family Supports (IFS) HCBS Waiver Program
- Department of Human Services (DHS):
 - Home and community-based service providers delivering 1915(i) State Plan Home and Community-Based Services (HCBS) Housing Supportive Services (HSS)

3. Can you talk about the plan for how the costs for implementation of EHRs or case management systems will be reimbursed under the HCBS PIP?

The HCBS Digital Health TA grant itself will be funded to cover *only* the costs of creating and delivering a tailored technical assistance program to support HCBS providers' adoption and use of digital health.

HCBS PIP incentive payments, awarded to those providers that successfully meet the requirements of the program, will be paid directly by DHCF and are *not included* in this grant award. These incentives are intended to help cover some of the costs for implementation of EHRs or case management systems for the participating provider organization.

4. I understand that there was a framework provided within the RFA for the proposed HCBS PIP incentive structure per milestone. I'm thinking about timing, as it relates to how the EHR implementations will occur with respect to the provider organizations. It appears the HCBS PIP mirrors the original Promoting Interoperability/Meaningful Use program, whereas this new program will also incentivize providers for meeting measures that show successful adoption and meaningful use of an EHR system. Is the idea for this new program similar to the original Promoting Interoperability/Meaningful Use program?

Yes. The new HCBS PIP program is modeled after the HITECH funded Medicaid Promoting Interoperability (also known as the EHR Incentive Program). The HCBS PIP rewards HCBS providers (inclusive of BH, LTC, DDS, and HSS providers) for meeting milestones to select, adopt, and implement CEHRT and/or approved case management systems. In addition, the HCBS PIP will connect eligible providers to the DC HIE.

Please note, the actual incentive amounts awarded per provider organization for meeting the program milestones is still to be determined at this time. The reason for this is because DHCF will need to evaluate the results of the targeted outreach to be conducted by the grantee to ensure that we're covering our basis and assisting as many HCBS organizations as possible. Upon evaluating the results of the outreach, DHCF will then be able to compile the results and identify incentive amounts accordingly. DHCF has already compiled a list of HCBS provider organizations to target, which we intend to share with the grantee upon award.

5. As it relates to provider eligibility for participation in the HCBS PIP, there is a mention of requiring providers to send electronic transactions to Medicaid for reimbursement. Can you talk about that a little bit as it relates to the intent of that requirement? What is expected from a provider in order to meet that requirement?

Our intent with this initiative is ensure that DHCF is providing digital health technical assistance to as many Medicaid providers and provider-organizations as possible.

The eligibility requirement in question is intended to ensure that providers participating in the HCBS PIP are first and foremost Medicaid providers. Provider organizations eligible for the HCBS PIP and TA support must have had adjudicated claims within FY20 – FY21 from Department of Health Care Finance (DHCF) indicating they provided services either through contract or fee-for-service.

In addition, the electronic transactions providers transmit to be paid Medicaid claims makes them a covered entity for the purposes of the Health Information Portability and Accountability Act

(HIPAA). In their role as a covered entity, providers will need to ensure their agency is fully compliant with Title II: HIPAA Administrative Simplification. HIPAA Administrative Simplification provisions consists of the following five rules:

1. Privacy Rule (45 CFR Part 160 and 45 CFR Part 164 Subparts A and E)
2. Transaction and Code Sets Rule (45 CFR Part 162 Subpart J)
3. Security Rule (45 CFR Part 160 and 45 CFR Part 164 Subparts A and E)
4. Identifiers Rule (45 CFR Part 162 Subpart D)
5. Enforcement Rule (45 CFR Part 160, Subparts C, D, and E)

Providers may request technical assistance from the HCBS Digital Health TA grantee in order to ensure they meet all of the HIPAA Administrative Simplification requirements.

6. Is the HCBS Telehealth Program intended to be extended to the organizations receiving HCBS PIP incentives/TA or are they two separate activities? Can participating provider organizations participate in both programs (HCBS PIP and HCBS Telehealth Program)?

The HCBS Digital Health TA supports two separate DHCF-managed programs: (1) HCBS Promoting Interoperability Program and the (2) HCBS Telehealth Program. A participating provider may essentially participate in either the HCBS PIP and/or the HCBS Telehealth Program according to their individual digital health needs.

Moreover, participating providers may receive the incentives for the HCBS PIP and/or receive technical assistance for the HCBS Telehealth Program at the same time. The targeted outreach will allow for DHCF to better understand the digital health needs in the community and serve to inform the targeted technical assistance that will be provided as a result.

7. Similar to the HCBS PI Program, will the HCBS Telehealth Program cover the costs associated with adopting telehealth platforms/telehealth tools as part of the proposal?

We have budgeted for the EHR or case management implementation costs, technical assistance costs, HIE Connectivity, and telehealth implementation to be covered by the grantee as part of this grant funding.

HCBS PIP incentive payments, awarded to those providers that successfully meet the requirements of the program, will be paid directly by DHCF and are *not included* in this grant award.

8. Will those funds cover the broadband costs or is it mainly the technology?

DHCF fully anticipates for grantees applying for this opportunity to propose *how* the telehealth implementation/support (as part of the HCBS Telehealth Program) will be provided/covered to participating organizations in detail. Grantees are expected to outline the details of such telehealth support (which may include covering the costs of broadband technology, telehealth platforms, etc.) in the required work plan or the program narrative as part of their grant application.

9. Within the RFA, there is a mention of a subgrantee plan. Does DHCF require for applicants to submit a formal subgrantee document as part of submission?

Please note, respondents to the RFA will be permitted to sub-grant a portion of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally binding agreement between an awardee and sub-grantee. Please note that sub-grant plans must be submitted with the response to this RFA. This is the only opportunity to request sub-grant funding for the services supported under this RFA.

DHCF does not require submission of a formal sub-grantee plan and will allow for applicants to submit such a plan at their own discretion.

10 Will DHCF be providing preliminary target/outreach lists by provider type for the HCBS Promoting Interoperability Program, as indicated during the Pre-Bidders Conference?

DHCF fully intends to share the preliminary HCBS target/outreach lists by provider type with the grantee upon award. We have targeted and subsequently budgeted for approximately 200 provider organizations to participate in the HCBS PI program.

11 Do the double-spaced, one-inch margin, 12-point font requirements listed in *Section B-Administrative Criteria* also apply to tables inserted in the Program Narrative and the required Appendices? For example, does DHCF expect the Proposed Staff Job Descriptions, Proposed Staff Resumes, Proposed Organizational Chart, and Program Work Plan (delivered as a table) to be submitted in a double-spaced, 12-point font format with one-inch margins?

No, this requirement only applies to written responses to the Program Narrative. Tables and charts are excluded from the formatting criteria.

12 Can DHCF please provide clarity on the expectation of what is required for *Section H-Appendix 2 (Proposed Staff Job Descriptions)*? Specifically, does DHCF expect Proposed Staff Job Descriptions to be submitted for only the key staff roles or for all proposed staff roles for this program?

Our expectations are for the submission to include job descriptions and resumes of key staff members involved in the grant, but we reserve the right to inquire of others that we may deem key to the program, if not submitted with the original application.

13 Can DHCF provide clarity as to whether sub-grantees are required to submit the information requested in *Appendices 4 through 8* or will only the Prime Applicant be required to submit those documents at the time of proposal submission?

Only the Prime Applicant will be required to submit these documents, but our desire is that the sub-grant plan, if one is submitted, will provide transparency regarding many of the same criteria expressed in Appendices 4-8.