

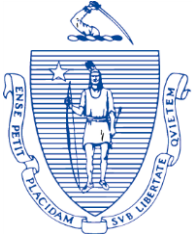
Massachusetts Home and Community-Based Services (HCBS) Quarterly Spending Plan Narrative

American Rescue Plan Act (ARPA) Enhanced Federal Funding
July 2021

Executive Office of Health and Human Services (EOHHS)

Table of Contents

A. Background	5
B. Quarterly Update	6
Round 1 Update Focus on HCBS Workforce Retention and Quality	6
Background	6
Implementation Update	6
Round 2 Plan Focus on More Immediate Initiatives Supporting Transitions and Diversion from Facility-Based Settings	7
Expansion of MFP Community Living Waiver Slots	7
In-Home Crisis Intervention Program	7
Enhance Pre-admission Screening and Resident Review (PASRR) to Ensure Least Restrictive Setting	8
PACE Modernization and Expansion	9
Intensive Hospital Discharge Planning for Members without Homes or with Unstable Housing	9
HCBS Self-Service Application Strategy	10
Power Wheelchair Repair Loaner program	10
Continuous Skilled Nursing (CSN) Provider Directory	11
Round 3 Plan	11
Appendix	12
July 2021 Quarterly Spending Plan	12



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, Massachusetts 02108



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

AMANDA CASSEL-KRAFT
Acting Assistant Secretary for
MassHealth

Tel: (617) 573-1600
Fax: (617) 573-1891

July 16, 2021

Daniel Tsai
Deputy Administrator and Director
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd
Baltimore, MD 21244

Dear Deputy Administrator and Director Tsai:

The Commonwealth of Massachusetts is pleased to submit the enclosed Quarterly Spending Plan and Narrative, which builds upon the Initial Spending Plan submitted on June 17th, 2021. This Quarterly Spending Plan furthers the Commonwealth's commitment to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program using an estimated \$500 million in federal financial participation (FFP) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA).

As outlined in the Initial Spending Plan, use of enhanced federal funding will reinforce the Commonwealth's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs. To achieve these goals, the Commonwealth of Massachusetts will implement investments supporting three key structural pillars:

1. **HCBS Workforce**, *retaining and building a high-quality network;*
2. **Access to and Promotion of HCBS Services and Supports**, *including navigation, transitions, family supports, diversion and enhanced care models;* and
3. **HCBS Technology and Infrastructure**, *to enable more effective care coordination, access, and delivery.*

Massachusetts will make investments in three rounds that support each of the three structural pillars. Within this Quarterly Spending Plan and Narrative, you will find an update on Round 1 investments along with refined spending details. Included is also an overview of investments for

Round 2. Round 2 investments, totaling approximately \$44M of the enhanced federal funds, will complement other ongoing initiatives in Massachusetts aimed at supporting Massachusetts' long-standing commitment to rebalancing long-term services and supports and behavioral health services towards community living.

Details outlining Round 3 investments will be included in the October Quarterly Spending Plan. Round 3 will invest the remaining funds to support strategic and structural investments, aimed at enhancing the Massachusetts long-term services and supports (LTSS) and behavioral health delivery system to better support individuals living in the community, their families and their caregivers in addition to ensuring that the Massachusetts workforce has the training and support necessary to provide the highest level of service to those they support. In the weeks ahead, EOHHS will work closely with stakeholders to detail Round 3 investments that support these goals.

Massachusetts has a strong history and commitment to providing a robust set of HCBS aimed at rebalancing LTSS and behavioral health services toward community settings, allowing individuals to be served in the most appropriate and least restrictive settings. To ensure that funds continue to support the coordination and integration between disability, behavioral health and aging networks, Massachusetts awaits confirmation that certain behavioral health services authorized under Massachusetts' State Plan and 1115 waiver are eligible for the increased federal medical assistance percentage (FMAP) under the American Rescue Plan Act (ARPA). These services are critical to supporting members living in the community and therefore if approved, will become a central component of investments made in Round 3 to further strengthen and enhance delivery. Confirmation of the availability of enhanced FMAP for these services in the near term is crucial to inform policy development, planning and stakeholder engagement in the coming weeks.

Through the investments proposed within this Quarterly Spending Plan and Narrative, the Commonwealth assures CMS that:

- The state is using the federal funds attributable to the increased FMAP to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using 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 than 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.

EOHHS will also serve as the Operating Agency for ARPA investments through the MassHealth program, the Commonwealth's Medicaid program. Whitney Moyer, Chief of the Office of MassHealth Long Term Service and Supports, has been designated as the primary contact person

for Massachusetts; she will work closely with many others across state government, as well as with community partners across the HCBS continuum, to implement the initiatives and investments. Please do not hesitate to contact her at whitney.moyer@mass.gov or 857-262-2018.

Sincerely,

Amanda Cassel-Kraft
Acting Assistant Secretary and Medicaid Director

Cc: Marylou Sudders, Secretary of the Executive Office of Health and Human Services
Mike Levine, Acting Deputy Medicaid Director
Whitney Moyer, MassHealth Chief of the Office of Long-Term Services and Supports

A. Background

Massachusetts' initial spending plan outlined a framework for investment that enhances, strengthens, and expands HCBS across MassHealth populations both in the short term and in the long term. Use of enhanced federal funding through Section 9817 of the American Rescue Plan Act (ARPA) will reinforce the Commonwealth's commitment to improve access, family support, person-centeredness, choice and equity to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs.

To achieve these goals, the Commonwealth of Massachusetts will use a staged approach to finalize the scope of HCBS investments over three implementation "rounds" using an anticipated \$500 million (M) in enhanced ARPA funding across the three rounds.

The initial spending plan described the Round 1 plan to invest at least \$100M of the enhanced federal funding in immediate, time-limited, across-the-board payment enhancements over July – December 2021 to strengthen and stabilize the HCBS workforce especially in response to the COVID-19 pandemic. Rounds 2 and 3 will invest the remaining anticipated \$400M of enhanced federal funding through March 2024 by focusing primarily on one-time or time-limited funding that support investments with long term, structural impact.

All three rounds of investments will tie to the three structural pillars:

- **HCBS Workforce** development and expansion, including programs to support training, recruitment and retention
- **Access to and Promotion of HCBS Services** that further rebalances toward community-based services with focus on HCBS navigation, transitions to HCBS and diversion from facility-based settings, and services that enhance HCBS capacity and care models (e.g., family caregiver supports, support and streamline transitions between settings, PASRR enhancements, embedded options counselors in inpatient and facility-based settings)
- **Technology and infrastructure investments** to strengthen HCBS (e.g., data sharing, caregiver directories, electronic and interoperable platforms for uniform assessments and case management, enhanced communication tools for families, consumers, and caregivers etc.)

The quarterly update below serves as a progress report on the Commonwealth's activities since the initial spending plan.

B. Quarterly Update

Round 1 Update | Focus on HCBS Workforce Retention and Quality

Background

As outlined in the Initial Spending Plan, Massachusetts will provide an upfront investment of state funds to support time-limited rate enhancements aimed at strengthening and stabilizing the HCBS workforce. Upon further analysis of eligible services, Round 1 investment is estimated to total approximately \$130M, an increase above the previously stated total of \$100M. Additional details can be found in the Appendix.

Funding will support time-limited rate enhancements from July – December 2021 aimed at strengthening and stabilizing the HCBS workforce especially in response to the COVID-19 pandemic. Provider agencies are required to use at least 90% of the enhanced funds to compensate their direct care and support workforce, which could include, among other things, hiring and retention bonuses. MassHealth will submit 1135 Disaster SPAs, 1915(c) HCBS Appendix K waiver amendments, managed care preprints and related documents to implement these rate enhancements, as applicable.

Additionally, in Massachusetts, certain HCBS services are performed by Medicaid-enrolled providers but administered and funded by the state for both Medicaid and non-Medicaid enrolled individuals. The rates for such services are set uniformly through regulation for all providers receiving state funds to deliver these HCBS services. Medicaid providers, and their workforce delivering such services, do not make a distinction at the point of service delivery between a Medicaid member and a non-Medicaid member. Accordingly, Massachusetts will provide the time-limited rate enhancement – with the requirement that 90% of the rate enhancement support compensation for its direct care and support workforce – to Medicaid-enrolled provider’s provision of these state funded HCBS services. Through this approach, Massachusetts will best be able to support its Medicaid HCBS system and strengthen the number and retention rates of its Medicaid HCBS direct care and support workforce. As is current practice, Massachusetts will not claim Medicaid FFP on services provided by MassHealth providers to non-MassHealth members.

Implementation Update

EOHHS will issue guidance to providers communicating compliance criteria for distribution of the immediate funding, which will include a list of HCBS direct care and support staff eligible to receive funds and allowable uses for distribution. Eligible workers include but are not limited to front line workers who provide care or support to families and individuals in home or community-based settings. Executive management, administrators or individuals in positions that do not include the provision of HCBS services and supports directly to individuals or their families are not considered HCBS direct care and support staff. Providers may utilize the enhanced funding for the specific purposes of recruiting, building, and retaining their direct care and support workforce. Allowable uses include hiring bonuses, overtime, shift differentials,

hourly wage increases and other wraparound benefits.

Round 2 Plan | Focus on More Immediate Initiatives Supporting Transitions and Diversion from Facility-Based Settings

Round 2 will complement ongoing initiatives supporting community living and support accelerated implementation. The primary focus of the investments detailed below are to divert individuals from facilities and support transitions that promote equitable access to the HCBS system offered in Massachusetts. The Commonwealth's Round 2 investments currently account for approximately \$44M supported by ARPA funding. Additional investments supporting transitions and diversion will be included as part of Round 3 investments and detailed in the next Quarterly Spending Plan.

Expansion of MFP Community Living Waiver Slots

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care

Estimated Investment: Waiver Year (WY) 2022 \$2.8M; WY23 \$5.6M; WY24 \$8.4M; \$16.8M total

Estimated Implementation Start Date: January 2022

Moving Forward Plan (MFP) waivers are home and community-based services (HCBS) waivers designed to help MassHealth-eligible persons move from a nursing facility or chronic disease, rehabilitation, or psychiatric hospital back to their community. MassHealth applicants or members who are ready for discharge from a nursing facility or a chronic disease, rehabilitation, or psychiatric hospital may apply. The MFP Community Living (MFP-CL) waiver is specifically for people who can move to their own home or apartment or to the home of someone else and receive services in the community.

Using ARPA funds, EOHHS plans to add an additional 50 waiver slots each waiver year to the MFP-CL waiver, from January 1, 2022 through March 31, 2024, for an aggregate total of 150 new waiver slots above the waiver's current projected slot growth, with the expectation that the state will commit ongoing support for these additional waiver slots.

In-Home Crisis Intervention Program

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility-Based Care; Enhancing Services and Care Models

Estimated Investment: \$4.3M annually; Total \$10.75M

Estimated Implementation Start Date: October 2021

The In-Home Crisis Intervention Program will provide intensive in-home crisis intervention and stabilization to youth in crisis and their families in order to reduce emergency department boarding and support diversion from hospitalization. The clinical goal of this program is to provide youth (ages 5-18) and their parents/caregivers with intensive short-term treatment and

support needed to maintain the youth at home safely and (re)connect them to ongoing outpatient/ community-based services. The goal of the In-Home Crisis Intervention Program is to provide an intensive short-term clinical intervention (up to 4-6 weeks) and support the family in maintaining the child at home and receiving appropriate clinical services.

The In-Home Crisis Intervention Program would require a multidisciplinary clinical team, including a consulting psychiatrist. The team would meet the family at the point of crisis (emergency department or mobile crisis intervention evaluation) and immediately follow up with intensive individual and family therapy including CBT skills building, parent support, psychopharmacological evaluation, and behavioral consultation as needed. The team will work directly with the child and family 3-7 times per week. The treatment team will be expected to participate in weekly team meetings, which will include ongoing community-based providers as well as In-Home Crisis Intervention Program team members. Clinical leads are required to have crisis intervention training and will be responsible for ongoing supervision and coaching of other team members. These teams would be supported by psychiatry and ASD/IDD expertise through consultation. It is expected that youth will be attending school as clinically appropriate, and that the In-Home Crisis Intervention Program provider will be coordinating with any therapeutic supports at the youth's school to ensure the youth has appropriate support across domains.

All of the following may be part of the therapeutic interventions provided: in-home therapy or behavioral services; youth mentoring; 24-hour diversionary/respite; safety planning; crisis intervention and stabilization (24/7); parent partner support; caregiver support and education; recreational services/day programming; sibling support; individual, family therapy; occupational therapy; peer mentoring; family partner support and educational advocacy.

Enhanced federal funding available through ARPA will support existing community-based providers who, with training in evidence-based crisis intervention and with the support of additional funding, would be ready to stand up this kind of team.

Enhance Pre-admission Screening and Resident Review (PASRR) to Ensure Least Restrictive Setting

Pillar: Access to and Promotion of HCBS Services

Goal: Transitions to HCBS

Estimated Investment: \$1.5M annually; \$3.75M total

Estimated Implementation Start Date: October 2021

All nursing facility applicants must receive a Preadmission Screening and Resident Review (PASRR). A Level I PASRR is conducted for all nursing home applicants and is meant to ensure that individuals with intellectual or developmental disabilities (ID/DD) or serious mental illness (SMI) receive appropriate care, which may include specialized services, in the least restrictive setting possible.

ARPA funds will be used to support expansion and improvement of the PASRR program, including the hiring, training, and ongoing support of additional evaluators to improve monitoring of residents admitted with time-limited categorical exemptions, bolster the PASRR program's

ability to connect residents with community placements when appropriate, conduct more frequent Resident Reviews (comprehensive independent evaluations) for individuals residing in nursing facilities who previously screened positive for SMI or who have experienced a significant change in condition that suggests the presence of SMI, and improve overall data collection and tracking of admissions, discharges, and residents' needs. In particular, the increased frequency of Resident Reviews will enable the PASRR program to regularly ascertain whether SMI is or continues to be present, whether nursing facility placement continues to be most appropriate for these individuals, or if a less restrictive setting in the community is most appropriate, whether the resident has been receiving the specialized services and other rehabilitative support services that may have been identified in a previous PASRR evaluation, and whether they require ongoing, new, or modified specialized services.

PACE Modernization and Expansion

Pillar: Access to and Promotion of HCBS Services

Goal: Enhancing Services and Care Models

Estimated Investment: \$2.5M

Estimated Implementation Start Date: January 2022

The Program of All-inclusive Care for the Elderly (PACE) is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants, who meet certain eligibility criteria including being 55 or older, certified by the state as eligible for nursing home care and living in the community. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes.

All PACE programs feature several essential components: 1) an Interdisciplinary Team made up of health care and social service professionals, such as doctors, nurse practitioners, physical and occupational therapists, social workers, and nurses, 2) an individualized health care plan for each participant that is developed with input from each participant and their families, when appropriate, along with the Interdisciplinary Team, and 3) a PACE Center that serves as the hub of PACE services and activities, including a doctor's office, rehabilitation gym, and social work offices, as well as an activities center.

ARPA funds will be used for short-term rate enhancements to PACE organizations for infrastructure and capital enhancements that promote sustainability and expansion into new unserved and/or under-served service areas to ensure broader access to the PACE care model.

Intensive Hospital Discharge Planning for Members without Homes or with Unstable Housing

Pillar: Access to and Promotion of HCBS Services

Goal(s): Diversion from Facility Based Care; Enhance Care Models

Estimated Investment: \$1.45M (pilot)

Estimated Implementation Start Date: October 2021

The goal of this initiative is to embed an options counselor and MassHealth eligibility specialist in a hospital to provide intensive discharge planning to better connect MassHealth members who are homeless or housing unstable with community-based organizations and establish their HCBS service package immediately upon discharge. As part of this initiative, EOHHS will develop a grant program for interested acute inpatient and psychiatric hospitals to apply and implement the program, with the grant funding supported with ARPA funds. Following the pilot, EOHHS will assess the results and determine if the program should be expanded into additional emergency departments and other inpatient and facility settings.

HCBS Self-Service Application Strategy

Pillar: Access to and Promotion of HCBS Services

Goal: HCBS Promotion and Navigation

Estimated Investment: \$0.5M

Estimated Implementation Start Date: January 2022

Massachusetts residents can choose from a wide array of home and community-based services delivered through various service and care delivery models; however, it can be challenging to know where to begin searching for services, understand the nuances between various services and programs, and how to access them. Individuals, caregivers and even providers in communities across the Commonwealth would benefit from a self-service option to navigate the complex array of HCBS available across the Commonwealth. To promote an understanding of HCBS in the community, EOHHS will use ARPA funds to procure a vendor that can develop an online person-centered self-service application prototype where individuals can enter general information about their needs and the application provides (1) a user-friendly outline of services and programs that may address their needs and (2) directs them to resources where they can discuss options and initiate supports as needed. The vendor will also conduct a gap analysis to recommend a strategy for EOHHS to promote the self-service application and cultivate an improved understanding of available home and community options.

Power Wheelchair Repair Loaner program

Pillar: Access to and Promotion of HCBS Services

Goal: Enhancing Services and Care Models

Estimated Investment: \$1.5M (start-up), \$3M annually; total \$8.25M

Estimated Implementation Start Date: January 2022

Power wheelchairs are a critical component of many individuals' ability to live independently and safely in the community. When power wheelchairs need repair, available loaner programs often do not have capacity to offer a comparable wheelchair while a primary wheelchair is being repaired. As part of this initiative, EOHHS will seek partnerships with community organizations and businesses to expand capacity for routine wheelchair repairs. These partnerships will supplement existing mobility providers that are critical for providing ongoing routine and complex wheelchair repairs. Using ARPA funds, EOHHS will align and enhance programs across the secretariat to allow for the provision of backup power wheelchairs when power wheelchairs need repair, as well as explore and develop partnerships with entities that can

perform routine wheelchair repairs locally in the community. The funding will cover start-up expenses to build an enhanced loaner fleet and partnerships, as well as ongoing costs through March 2024 while program operations are stabilized.

Continuous Skilled Nursing (CSN) Provider Directory

Pillar: Technology & Infrastructure; Access to and Promotion of HCBS Services

Goal: Connection; HCBS Promotion and Navigation

Estimated Investment: \$300,000

Estimated Implementation Start Date: January 2022

The Community Case Management (CCM) program supports MassHealth members with complex care needs who require continuous skilled nursing services from agencies or independent nurses and is an important program to keep members living in the community. Currently, CCM staff manually assist members in identifying available CSN providers that meet their needs and preferences. Using ARPA funds, MassHealth will collaborate with the University of Massachusetts Medical School to design and develop an electronic directory with real-time updates. The electronic directory would be available to CCM staff as well as members and their families to minimize the time and frustration experienced when identifying and contacting providers with specific needed availability and skills.

Round 3 Plan

The investments that Massachusetts anticipates submitting in the next Quarterly Spending Plan (“Round 3”) will be centered around larger-scale system enhancements consistent with the three pillars that strengthen the Commonwealth’s ability to serve individuals in home and community-based settings, and in ways that improve access, family supports, person-centeredness, choice and equity.

Between now and the October 15 quarterly spending plan update, Massachusetts will continue to work across its secretariats and with its stakeholder community to finalize, and scope out investments that supplement our existing service array and align with the goals outlined in the initial spending plan. The public RFI responses will continue to serve as a central component of policy planning and development.

Appendix

July 2021 Quarterly Spending Plan

BASELINE EXPENDITURES THAT QUALIFY FOR 10% HCBS FMAP - (Annual spend based on historical)					
Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul - Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
Estimated Baseline Expenditures	\$ 1,240,750,000	\$ 1,240,750,000	\$ 1,240,750,000	\$ 1,240,750,000	\$ 4,963,000,000
Actual Baseline Expenditures					
ADDED FUNDING FOR HCBS REINVESTMENT (Additional investment before March 2022)					
Year of Reinvestment	FFY 21	FFY 21	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul - Sep	Q1: Oct to Dec	Q2: Jan to Mar	Total
Estimated Round 1 Workforce investment (Gross)	\$ -	\$ 169,000,000	\$ 169,000,000	\$ -	\$ 338,000,000
Estimated Round 1 Workforce investment (Net)	\$ -	\$ 66,500,000	\$ 66,500,000	\$ -	\$ 133,000,000
<i>Total Funds Attributable to 10% HCBS FMAP Increase (Bump)</i>					\$ 5,301,000,000
Estimated ARPA Funds Available for Investment (10%)					\$ 530,100,000

**ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS
(FFY 2021-FFY2022: From April 1, 2021 - September 30, 2022)**

Federal Fiscal Year	FFY 21	FFY 21	FFY 22	FFY 22	FFY 22	FFY 22	
Quarter	Q3: Apr to Jun	Q4: Jul - Sep	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul - Sep	Total
Anticipated							
Round 1 Initiative Funding (Gross)		\$ 169,000,000	\$ 169,000,000				\$ 338,000,000
Round 1 Initiative Funding (Net)		\$ 66,500,000	\$ 66,500,000				\$ 133,000,000
Round 2 Initiative Funding (Gross)	\$ -	\$ -	\$ 1,450,000	\$ 9,487,500	\$ 4,237,500	\$ 4,237,500	\$ 19,412,500
Round 2 Initiative Funding (Net)	\$ -	\$ -	\$ 631,250	\$ 4,650,000	\$ 2,025,000	\$ 2,025,000	\$ 9,331,250
Round 3 Initiative Funding (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Round 3 Initiative Funding (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total (Gross)	\$ -	\$ 169,000,000	\$ 170,450,000	\$ 9,487,500	\$ 4,237,500	\$ 4,237,500	\$ 357,412,500
Total (Net)	\$ -	\$ 66,500,000	\$ 67,131,250	\$ 4,650,000	\$ 2,025,000	\$ 2,025,000	\$ 142,331,250
Actual							
Round 1 Investments							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Round 2 Investments							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Round 3 Investments							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Investments							
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS
(FFY 2023: From October 1, 2022 - September 30, 2023)

Federal Fiscal Year	FFY 23	FFY 23	FFY 23	FFY 23	
Quarter	Q1: Oct to Dec	Q2: Jan to Mar	Q3: Apr to Jun	Q4: Jul - Sep	Total
<u>Anticipated</u>					
Round 1 Initiative Funding (Gross)					
Round 1 Initiative Funding (Net)					
Round 2 Initiative Funding (Gross)	\$ 4,087,500	\$ 3,600,000	\$ 4,300,000	\$ 4,300,000	\$ 16,287,500
Round 2 Initiative Funding (Net)	\$ 1,950,000	\$ 1,706,250	\$ 2,056,250	\$ 2,056,250	\$ 7,768,750
Round 3 Initiative Funding (Gross)	\$ -	\$ -	\$ -	\$ -	\$ -
Round 3 Initiative Funding (Net)	\$ -	\$ -	\$ -	\$ -	\$ -
Total (Gross)	\$ 4,087,500	\$ 3,600,000	\$ 4,300,000	\$ 4,300,000	\$ 16,287,500
Total (Net)	\$ 1,950,000	\$ 1,706,250	\$ 2,056,250	\$ 2,056,250	\$ 7,768,750
<u>Actual</u>					
<u>Round 1 Investments</u>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	
<u>Round 2 Investments</u>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	
<u>Round 3 Investments</u>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	
<u>Total Investments</u>					
Actual Expenditure (Gross)	\$ -	\$ -	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	\$ -	\$ -	

ANTICIPATED/ACTUAL EXPENDITURES TO ENHANCE, EXPAND, STRENGTHEN HCBS			
(FFY 2024: From October 1, 2023 - March 31, 2024)			
Federal Fiscal Year	FFY 24	FFY 24	
Quarter	Q1: Oct to Dec	Q2: Jan to Mar	Total
<u>Anticipated</u>			
Round 1 Initiative Funding (Gross)			
Round 1 Initiative Funding (Net)			
Round 2 Initiative Funding (Gross)	\$ 4,300,000	\$ 4,300,000	\$ 8,600,000
Round 2 Initiative Funding (Net)	\$ 2,056,250	\$ 2,056,250	\$ 4,112,500
Round 3 Initiative Funding (Gross)	\$ -	\$ -	\$ -
Round 3 Initiative Funding (Net)	\$ -	\$ -	\$ -
Total (Gross)	\$ 4,300,000	\$ 4,300,000	\$ 8,600,000
Total (Net)	\$ 2,056,250	\$ 2,056,250	\$ 4,112,500
<u>Actual</u>			
<u>Round 1 Investments</u>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	
<u>Round 2 Investments</u>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	
<u>Round 3 Investments</u>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	
<u>Total Investments</u>			
Actual Expenditure (Gross)	\$ -	\$ -	
Actual Expenditure (Net)	\$ -	\$ -	