



STATE OF UTAH AMERICAN RESCUE PLAN ACT HOME AND COMMUNITY BASED SERVICES ENHANCED FUNDING INITIAL SPENDING PLAN NARRATIVE

June 14, 2021

Executive Summary

Utah welcomes and appreciates the opportunity to utilize the 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS), behavioral health, and school-based skill development providers. The State will use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. The State will use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement and support its efforts to enhance, expand, and strengthen HCBS under the Medicaid program and to address COVID-related concerns identified during the period of the public health emergency.

The State requests authorization to spend an estimated **\$247,176,600** in increased funds through **March 31, 2024**. The State acknowledges that future amendments to its American Rescue Plan Act (ARPA) Home and Community Based Services (HCBS) Enhancing Funding Spending Plan (Spending Plan) may occur as a result of ongoing engagement with stakeholders and policymakers.

This Spending Plan details the State's efforts to enhance, expand and strengthen HCBS through multiple strategies including:

- Making limited-term supplemental payments to providers to improve quality, and support actions to strengthen the direct care workforce of:
 - HCBS providers, including home health and personal care services
 - Autism Spectrum Disorder (ASD) service providers under the EPSDT benefit
 - Behavioral health providers
 - School-based skill development providers
- Implementing institutional diversion activities for individuals on HCBS waiting lists
- Providing intermediate care facilities with funding for business model change/convert to HCBS
- State Medicaid and Operating Agency improvements to HCBS administrative infrastructure
- Compensating family caregivers
- Developing and providing caregiver training
- Implementing a study to quantify need, and obtain recommendations on systemic approaches to address direct care workforce shortage
- Authorizing one-time HCBS infrastructure "grants" to providers
- Supporting HCBS waiver participants to secure and retain housing (not room and board)

While all items in the Spending Plan are not directly Medicaid covered services, all services and initiatives covered in this plan will enhance, expand, and strengthen HCBS under the Medicaid program. Within this Spending Plan, the term "HCBS" is used at times to refer generally to all services eligible for

the 10-percentage point enhanced FMAP, including: 1915(c) HCBS waivers, providers of ASD services for EPSDT eligible members, behavioral health and school-based skill development providers, but the term is also used to describe specific initiatives related to the State’s 1915(c) HCBS waivers.

Funding Request Summary

Program	Quarterly Amount	Grand Total (12 Quarters)
HCBS Limited Term Supplemental Provider Payments	\$6,265,733	\$75,188,794
Behavioral Health Limited Term Supplemental	\$2,511,363	\$30,136,361
School Based Skills Development	\$286,621	\$3,439,448
Institutional Diversion Activities	\$17,985,800	\$61,952,545
Administrative Support Staff	\$1,204,700	\$2,409,467
Intermediate Care Facility Business Model Change/Conversion to HCBS	\$1,000,000	\$10,000,000
HCBS Administrative Infrastructure Improvements	\$454,500	\$5,000,000
Family Caregiver Compensation	\$4,250,000	\$46,750,000
Caregiver Training	\$27,273	\$300,000
Direct Workforce Shortage Study & Recommendations	\$45,455	\$500,000
Infrastructure Grants	\$3,117,000	\$10,000,000
Secure and Retain Housing	\$136,364	\$1,500,000
Grand Total	\$37,284,809	\$247,176,615

Attestations

By accepting the enhanced HCBS FMAP funding, the State attests it will:

- Supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- Use the state savings generated by the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021;
- Maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021; and,
- Acknowledge this FMAP is additive to other FMAP increases that may already be applied to these services.

HCBS Related Spending Plan Activity Narrative

1. **LIMITED-TERM SUPPLEMENTAL PROVIDER PAYMENTS** – The State will make limited-term supplemental payments to HCBS providers for three years ending March 2024 amounting to approximately **\$75,188,800**. The payments will be approximately equivalent to 5 percent of providers’ current rates. Eligibility for quality incentive payments will require providers to attest to meeting certain quality/utilization requirements, such as:
 - Supporting direct-care workforce/family caregivers (flexibility for providers to determine use)
 - Supporting other COVID-19 related response/expenses
 - Incentivizing COVID-19 vaccination of HCBS staff and waiver participants
 - Acknowledging that these payments are one-time for a limited time period

Covered providers Include:

- a. **HCBS 1915(c) Waiver Providers:** Includes all services provided under Utah’s eight, soon to be nine, 1915(c) waivers and for services delivered through both traditional and self-administered service provider arrangements.

1915 (c) HCBS Waiver Title	Waiver Number
Community Supports Waiver for Individuals with Intellectual Disabilities & Related Conditions (CSW)	UT.0158

Waiver for Individuals Aged 65 or Older (AW)	UT.0247
Acquired Brain Injury Waiver (ABI)	UT.0292
Physical Disabilities Waiver (PD)	UT.0331
New Choices Waiver (NCW)	UT.0439
Medically Complex Children’s Waiver (MCCW)	UT.1246
Community Transitions Waiver (CTW)	UT.1666
Limited Supports Waiver (LSW) (Pending CMS approval)	UT.1886
Waiver for Technology Dependent, Medically Fragile Individuals (TDW)	UT.40183

- b. **State Plan home health and personal care services providers:** Includes services delivered through fee for service or managed care payment arrangements.
- c. **Autism Spectrum Disorder, Applied Behavior Analysis services provided through the EPSDT benefit:** Includes services currently provided through fee for service providers.

HCBS Limited Term Supplemental Payment Implementation Considerations
Are HCBS waiver or State Plan amendments required?
<p>Response: At least initially, the State does not believe HCBS waiver or State Plan amendments are required to implement 5% supplemental payments to HCBS providers. It believes it has flexibility through its Appendix K and 1135 Emergency State Plan to make enhanced provider payments. The State intends to work with CMS to submit any required amendments when these authorizations expire.</p>

See Table 1 for *HCBS Limited Term Supplemental Funding Details*

2. INSTITUTIONAL DIVERSION ACTIVITIES FOR INDIVIDUALS ON MEDICAID HCBS WAIVER WAITING LISTS

Approximately **4,700** Utahns are on waiting lists for HCBS waivers and at risk of institutionalization. To support individuals to remain in the community, the State will use approximately **\$61,952,500** of additional funds to provide one-time or limited services to people on HCBS waiver waiting lists for three years ending March 2024. Services could include such things as one-time purchases of equipment or home modifications, supports to secure and retain housing (not room and board), assistance with securing and retaining competitive integrated employment, and respite supports for caregivers, etc. Services will be available to individuals who are currently Medicaid eligible under community Medicaid rules and those who are not yet eligible, but who could be eligible under HCBS financial eligibility rules that consider only individual income and assets, and not those of the family.

Institutional Diversion Activities Payment Implementation Considerations

Are HCBS waiver or State Plan amendments required?

Response:

For Medicaid eligible individuals on HCBS waiting lists – The State requests CMS technical assistance to determine what is needed to allow temporary institution-diverting services to be reimbursed.

For Individuals on Medicaid HCBS waiting lists who are not currently Medicaid eligible – Although providing temporary services to likely, but not yet eligible individuals waiting for Medicaid HCBS will strengthen and support use of HCBS and will divert individuals from seeking institutional care under the Medicaid program, because these individuals are not yet eligible for Medicaid.

See Table 4 for *Institutional Diversion Activities* Funding Details

3. STATE MEDICAID ADMINISTRATION TO SUPPORT INSTITUTIONAL DIVERSION ACTIVITIES

In addition, Utah estimates it will need to hire approximately 8 temporary staff to assist with implementation of the important initiatives authorized under its Spending Plan. To ensure sufficient staff are available to implement the Spending Plan, the State will use approximately **\$2,409,500** of additional funds.

4. INTERMEDIATE CARE FACILITIES BUSINESS MODEL CHANGE/FUNDING TO CONVERT TO HCBS

Currently, Utah serves approximately 500 individuals in privately-owned Intermediate Care Facilities for People with Intellectual Disabilities (ICFs). There are 14 privately owned ICFs in Utah. All but one facility have more than 16 beds per facility, with nine facilities having 35 beds or more. To improve outcomes for individuals with intellectual disabilities, and to support ICFs to convert their business models to 4-8 bed facilities or to provide HCBS as an alternative to ICF services, the State will use approximately **\$10,000,000** of additional funds.

Intermediate Care Facility Business Model Change/Conversion to HCBS Implementation Considerations

Are HCBS waiver or State Plan amendments required?

Response: The State requests CMS technical assistance to determine what is needed to allow ICF business model change/conversion to HCBS activities to be reimbursed.

See Table 5 for *Intermediate Care Facility Business Model Change/Conversion to HCBS* Funding Details

5. STATE MEDICAID/OPERATING AGENCY HCBS ADMINISTRATIVE INFRASTRUCTURE IMPROVEMENTS

Currently Utah operates eight, soon to be nine 1915(c) HCBS waivers. The various waivers have data collection systems for case management activities, incidents reporting, financial reporting, etc. To upgrade and improve state HCBS administrative infrastructure the State will use approximately **\$5,000,000** of additional funds.

State Medicaid/Operating Agency HCBS Administrative Infrastructure Improvements Implementation Considerations

Are HCBS waiver or State Plan amendments required?

Response: The State does not believe HCBS waiver or State Plan amendments are required to implement HCBS administrative infrastructure improvements.

See Table 6 for *HCBS Administrative Infrastructure Improvements Funding Details*

6. FAMILY CAREGIVER COMPENSATION

During the COVID-19 pandemic, many providers have had periods where they were closed and, even as those providers have reopened their facilities, families have had concerns about sending their loved ones to a provider's facility. In response, the State temporarily implemented family caregiver compensation during the public health emergency under its approved Appendix K. The benefits of allowing compensation of family caregivers have been demonstrated and in addition, having certain services delivered by family caregivers has provided support to address the significant direct care workforce shortage Utah currently faces. To allow family caregiver compensation to continue through March 2024, the State will use approximately **\$46,750,000** of additional funds.

Family Caregiver Compensation Implementation Considerations

Are HCBS waiver or State Plan amendments required?

Response: At least initially, The State does not believe HCBS waiver amendments are required to compensate family caregivers. We believe Utah has flexibility through its Appendix K to make payments to compensate family caregivers. The State intends to work with CMS to submit any required amendments when these authorizations expire.

See Table 7 for *Family Caregiver Compensation Funding Details*

7. DEVELOPING AND PROVIDING CAREGIVER TRAINING

According to a report completed by the World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP) in 2015, *“Evidence supports the notion that training for caregivers of children and adolescents with intellectual disabilities and pervasive developmental disorders can be effectively delivered by non-specialists in community settings. Even low-intensity programs lead to improved child developmental and behavioral outcomes, as well as improved family well-being... The empowerment of caregivers is increasingly being recognized as a critical component of care interventions for children with developmental disorders. Caring for a child with developmental disorders can be challenging and these caregivers more frequently report experiencing feelings of inadequacy and poor self-confidence. Therefore, caregiver skills training becomes particularly useful in this context.”*¹ Utah’s engagement with family caregivers affirms this information. To develop and provide family caregiver training, the State will use approximately **\$300,000** of additional funds.

Developing and Providing Caregiver Training Implementation Considerations

Are HCBS waiver or State Plan amendments required?

Response: The State does not believe HCBS waiver or State Plan amendments are required to develop and provide caregiver training.

See Table 7 for *Developing & Providing Caregiver Training* Funding Details

8. STUDY AND RECOMMENDED SYSTEMIC APPROACHES TO ADDRESS DIRECT CARE WORKFORCE SHORTAGE

Utah, like many other states, is facing a critical shortage of direct care professionals (DCP) in its long term service and support system. A May 2020 Report by the Brookings Institute, *Essential but undervalued: Millions of health care workers aren’t getting the pay or respect they deserve in the COVID-19 pandemics*, states:

“Home health and personal care workers earn even less, with a median hourly wage of only \$11.57. The wages are so low that nearly 20% of care workers live in poverty and more than 40% rely on some form of public assistance. These fields are some of the fastest-growing of all occupations, with more than a million new jobs projected by 2028.” and *“COVID-19 has laid bare the wide gap between the value that health care support, service, and direct care workers bring to society and the extremely low wages they earn in return. Short-term fixes such as hazard pay are urgently needed. But policymakers and employers should also make lasting changes so that these essential workers finally earn a permanent living wage.”*²

¹ https://www.who.int/mental_health/mhgap/evidence/resource/child_q6.pdf?ua=1

² <https://www.brookings.edu/research/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic/>

To better understand the current challenges of Utah’s direct care workforce and needed systemic changes, the State intends to implement a direct care workforce initiative to conduct a study and make recommendations for improvement. To study and take initial actions to address direct care workforce shortages, the State will use approximately **\$500,000** of additional funds.

Study and Recommend Systemic Approaches to Address Direct Care Workforce Shortage Implementation Considerations
Are HCBS waiver or State Plan amendments required?
Response: The State does not believe HCBS waiver or State Plan amendments are required to study and recommend systemic approaches to address direct care workforce shortage.

See Table 8 for *Direct Workforce Shortage Study & Recommendations* Funding Details

9. AUTHORIZING ONE-TIME HCBS INFRASTRUCTURE “GRANTS” TO HCBS PROVIDERS

Like CMS, Utah Medicaid and the State’s waiver operating agencies recognize that HCBS providers are in a unique position to identify and tailor activities and projects that align with state goals and priorities. With this in mind, the State intends to offer HCBS infrastructure grants to providers. Through this process, providers can submit proposals to the Departments for the following purposes such as:

- Projects that will assist the provider to fully comply with the federal HCBS Settings Rule
- Projects to fully comply with federal Electronic Visit Verification requirements
- One time purchases of equipment to increase waiver participant independence and community access (when services not otherwise available by any other funding source)
- Other projects as proposed by providers that meet the intent of improving HCBS infrastructure

HCBS Infrastructure Grants Implementation Considerations
Are HCBS waiver or State Plan amendments required?
Response: The State is requesting CMS technical assistance to determine if an HCBS waiver or State Plan amendment is required to implement HCBS infrastructure grants.

See Table 9 for *Infrastructure Grants* Funding Details

10. SUPPORTING HCBS WAIVER PARTICIPANTS TO SECURE AND RETAIN HOUSING (NOT ROOM & BOARD)

Opportunities to support housing-related activities are described in the June 26, 2015, CMCS Informational Bulletin titled, “Coverage of Housing-Related Activities and Services for Individuals with

Disabilities.” The document states in part, “This Informational Bulletin is intended to assist states in designing Medicaid benefits, and to clarify the circumstances under which Medicaid reimburses for certain housing-related activities with the goal of promoting community integration for individuals with disabilities, older adults needing long term services and supports (LTSS), and those experiencing chronic homelessness.” The guidance describes that “States can use the 1915(c) HCBS waiver program to cover some housing-related services.” and that services can be included through waiver case management services, and for persons transferring out of institutional settings for security deposits to secure a lease of an apartment or home. To provide additional support to HCBS waiver participants to secure and retain housing, the State will use approximately **\$1,500,000** of additional funds.

Housing Related Services Implementation Considerations
Are HCBS waiver or State Plan amendments required?
Response: For HCBS waivers that don’t currently have approved “Community Transition Services” the State believes waiver amendments are required. The State requests CMS technical assistance to determine whether waiver amendments are needed to allow certain housing-related services to be covered under currently approved case management definitions.

See Table 10 for *Secure and Retain Housing* Funding Details

Behavioral Health Services Spending Plan Activity Narrative

1. **LIMITED-TERM SUPPLEMENTAL BEHAVIORAL HEALTH PROVIDER PAYMENTS** – The State will make limited-term supplemental payments to behavioral health providers for three years ending March 2024 amounting to approximately **\$30,136,400**. The payments will be approximately equivalent to 5 percent of providers’ current rates. Eligibility for quality incentive payments will require providers to attest to meeting certain quality/utilization requirements, such as:
 - o Incentivize COVID-19 vaccination of behavioral health staff
 - o Support behavioral health providers, and their staff, including unlicensed but certified positions (flexibility for providers to determine use)
 - o Support other COVID-19 related response/expenses
 - o Assure compliance with any other federally required data/reporting requirement
 - o Acknowledge that these payments are one-time for a limited time period

Covered providers Include:

Licensed mental health therapists practicing within the scope of practice defined in the individual’s respective licensing act and licensed under Title 58-60, Mental Health Professional Practice Act, as:

- physician and surgeon or osteopathic physician engaged in the practice of mental health therapy;
- advanced practice registered nurse (APRN) specializing in psychiatric mental health nursing;

- APRN intern specializing in psychiatric mental health nursing;
- psychologist qualified to engage in the practice of mental health therapy;
- certified psychology resident qualifying to engage in the practice of mental health therapy;
- physician assistant specializing in mental health care in accordance with Section 58-70a501 of the Utah Code;
- clinical social worker;
- certified social worker or certified social worker intern;
- marriage and family therapist;
- associate marriage and family therapist
- clinical mental health counselor; or
- associate clinical mental health counselor.
- An individual exempt from licensure (as a mental health therapist) including:
 - in accordance with Section 58-1-307 of the Utah Code, a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by DOPL to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program; or
 - in accordance with Subsection 58-61-307(2)(h) of the Utah Code, an individual who was employed as a psychologist by a state, county or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently has maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision.
- an individual working within the scope of his or her certificate in accordance with Title 58 of the Utah Code:
 - licensed physician and surgeon or osteopathic physician regardless of specialty;
 - licensed APRN or APRN intern regardless of specialty working within the scope of the Nurse Practice Act and competency;
 - other medical practitioner licensed under state law, most commonly licensed physician assistants regardless of specialty when practicing within the physician assistant's skills and scope of competence;
- licensed substance use disorder counselor, including licensed advanced substance use disorder counselor (ASUDC), certified advanced substance use disorder counselor (CASUDC) or certified advanced substance use disorder counselor intern (CASUDC-I), licensed substance use disorder counselor (SUDC), certified substance use disorder counselor (CSUDC) or certified substance use disorder counselor intern (CSUDC-I);
- licensed social service worker;
- licensed registered nurse;
- licensed practical nurse; or h. individual working toward licensure as a social service worker in accordance with state law; or a registered nursing student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by DOPL, or an individual enrolled in a qualified substance use disorder education program, exempted from licensure in accordance with Section 58-1-307 of the Utah Code and under required supervision;

- other trained individual; or
- peer support specialist, case manager or crisis service worker who has been certified under rules promulgated by the Utah Department of Human Services.

Behavioral Health Limited Term Supplemental Payment Implementation Considerations
Is a waiver or State Plan amendment required?
Response: The state believes a State Plan amendment may be required

See Table 2 for *Behavioral Health Limited Term Supplemental Funding Details*

School Based Skills Development Spending Plan Activity Narrative

1. **LIMITED-TERM SUPPLEMENTAL SCHOOL BASED SKILL DEVELOPMENT PROVIDER PAYMENTS –**

The State will make limited-term supplemental payments to school based skill development providers for three years ending March 2024 amounting to approximately **\$3,439,400**. The payments will be approximately equivalent to 5 percent of providers’ current rates.

Eligibility for quality incentive payments will require providers to attest to meeting certain quality/utilization requirements, such as:

- Supporting direct-care workforce (flexibility for providers to determine use)
- Supporting other COVID-19 related response/expenses
- Acknowledging that these payments are one-time for a limited time period

Covered providers Include:

School Based Skill Development Limited Term Supplemental Payment Implementation Considerations
Is a waiver or State Plan amendment required?
Response: The state believes a State Plan amendment may be required

See Table 3 for *School Based Skills Development Limited Term Supplemental Funding Details*

Table 1 - HCBS Limited Term Supplemental Funding Detail

Program	Quarterly Amount	Grand Total (12 Quarters)
Aging Waiver (UT.0247)	\$57,123	\$685,477
Acquired Brain Injury Waiver (UT.0292)	\$115,509	\$1,386,105
Physical Disabilities Waiver (UT.0331)	\$30,412	\$364,938
Community Supports Waiver	\$3,921,197	\$47,054,367
Community Transitions Waiver	\$12,190	\$146,281
Autism Services - EPSDT	\$218,907	\$2,626,881
Technology Dependent Waiver	\$43,842	\$526,105
FFS - State Plan Home Health	\$285,400	\$3,424,803
FFS - State Plan Personal Care	\$49,006	\$588,073
ACO - Home Health/Personal Care	\$851,519	\$10,218,232
Medically Complex Children's Waiver	\$10,197	\$122,360
New Choices Waiver	\$670,431	\$8,045,170
Grand Total	\$6,265,733	\$75,188,794

Table 2 - Behavioral Health Limited Term Supplemental Funding Detail

Program	Quarterly Amount	Grand Total (12 Quarters)
Fee-For-Service	\$592,058	\$7,104,691
Prepaid Mental Health Plans (PMHP)	\$1,648,235	\$19,778,821
Integrated Care Plans (UMIC)	\$271,071	\$3,252,849
Grand Total	\$2,511,363	\$30,136,361

Table 3 - School Based Skills Development Limited Term Supplemental Funding

Program	Quarterly Amount	Grand Total (12 Quarters)
School Based Skills Development	\$286,621	\$3,439,448

Table 4 - Institutional Diversion Activities Funding Detail

Federal Fiscal Year	Quarter	Reinvested Funds	Total Funds
2021	Q4	\$1,348,935	\$8,285,842
2022	Q1	\$1,348,935	\$5,821,903
	Q2	\$1,348,935	\$5,821,903
	Q3	\$1,348,935	\$4,066,732
	Q4	\$1,798,580	\$5,422,309
2023	Q1	\$1,798,580	\$5,422,309
	Q2	\$1,798,580	\$5,399,162
	Q3	\$1,798,580	\$5,422,309
	Q4	\$1,798,580	\$5,422,309
2024	Q1	\$1,798,580	\$5,422,309
	Q2	\$1,798,580	\$5,422,309
Grand Total		\$17,985,800	\$61,952,545
Administrative Support Staff		\$1,204,700	\$2,409,467

Table 5 - Intermediate Care Facility Business Model Change/Conversion to HCBS

Program	Quarterly Amount	Grand Total
ICF Conversion to HCBS	\$1,000,000	\$10,000,000

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending December 31, 2021.

Table 6 - HCBS Administrative Infrastructure Improvements Funding Detail

Program	Quarterly Amount	Grand Total
Infrastructure Improvements	\$454,500	\$5,000,000

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.

Table 7 - Family Caregiver Compensation Funding Detail

Program	Quarterly Amount	Grand Total
Caregiver Compensation	\$4,250,000	\$46,750,000
Caregiver Training	\$27,273	\$300,000

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.

Table 8 - Direct Workforce Shortage Study & Recommendations Funding Detail

Program	Quarterly Amount	Grand Total
Caregiver Shortage Study	\$45,455	\$500,000

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.

Table 9 - Infrastructure Grants Funding Detail

Federal Fiscal Year	Quarter	Reinvested Funds	Total Funds
2021	Q4	\$122,100	\$750,000
2022	Q1	\$231,700	\$750,000
	Q2	\$231,700	\$750,000
	Q3	\$331,700	\$750,000
	Q4	\$331,700	\$1,000,000
2023	Q1	\$331,700	\$1,000,000
	Q2	\$331,700	\$1,000,000
	Q3	\$331,700	\$1,000,000
	Q4	\$331,700	\$1,000,000
2024	Q1	\$331,700	\$1,000,000
	Q2	\$331,700	\$1,000,000
Grand Total		\$3,117,000	\$10,000,000

Table 10 - Secure and Retain Housing Funding Detail

Program	Quarterly Amount	Grand Total
Secure and Retain Housing	\$136,364	\$1,500,000

In order to allow for start-up time, the quarterly amounts are not expected to be expended until the quarter ending September 30, 2021.