

To: Claudia Schlossberg, Medicaid Director, DC Department of Health Care Finance
From: DC Medical Care Advisory Committee (MCAC) Executive Committee
RE: Goals for Meaningful Participation in Policy, Program Administration, and Beneficiary Engagement
Date: December 1, 2015

The DC MCAC Executive Committee seeks to promote meaningful participation of community members, advocates, and Medicaid beneficiaries in the advisory, educational, and advocacy work of the MCAC body. In addition, we seek increased partnership with the Department of Health Care Finance in our shared work to build a healthier DC. What follows are three key recommendations for the structure and function of MCAC to achieve consequential positive impact on the policies and programs of the DC health care system. The Executive Committee has also attached a more detailed document that outlines the regulatory requirements for MCAC, the current membership, the rules for voting and action of the body, and an explanation of the challenges in current functioning.

First, **MCAC should give guidance on the development and assessment of priorities, goals, and performance objectives** for each of the most “Patient-Facing” DHCF divisions. These divisions include:

- Health Care Policy and Planning Administration
- Health Care Delivery and Management Administration
- Long-term Care Administration
- Health Care Operations Administration
- Health Reform and Innovation Administration

Engagement of MCAC in setting Department goals ensures that critical community needs are understood, incorporated, and effectively addressed--the *raison d'être* of the MCAC. At least once a year, the Department should share general direction of priorities and goals in the above divisions and ask the MCAC for feedback. Following such input and subsequent presentation by DHCF, MCAC will move to formally endorse or make further recommendations for DHCF consideration. Endorsement by MCAC would greatly enhance DHCF's ability to advance its priorities at the community level, with providers, and in partnership with the DC Council.

Second, **MCAC should review and formally move on substantive State Plan Amendments (SPAs), waivers, and regulations.** MCAC can provide early, nonbinding feedback to DHCF during drafting to expedite identification of potential issues and can act as the public input forum required for submission to CMS. In order for MCAC to effectively play this important role, we request the following changes to the SPA/regulations/rules/waiver report:

- Upon introduction to the SPA/regulation/rules/waiver report., items should be flagged as either a new initiative or a change to existing policy;
- DHCF should provide a short summary regarding the purpose and need for each initiative or change; and
- The report should include any opportunity for community input and efforts to define service terms within regulations in order to work toward community consensus.

MCAC shall be given the opportunity to formally endorse or object to major items, in a nonbinding vote. These items can be passively endorsed without a vote should the policy changes be minor or no member has a specific objection to the initiative or change. For the budget proposal, a member(s) of the

executive committee and the DC Fiscal Policy Institute will meet with the Department's Agency Financial Officer within a week of the budget coming out and prior to the Department's formal budget presentation to the MCAC. This will help DHCF recognize areas of concern and/or confusion prior to the presentation.

Third, MCAC should have themed meetings throughout the year and standing items that address issues that beneficiaries face. Themed meetings could include DHCF provider performance, managed care oversight and accountability, eligibility and enrollment, and barriers to services such as transportation and neighborhood. MCAC can discuss these issues with the Department and aggressively support efforts to improve beneficiary outcomes.

The MCAC will also have standing agenda items, including a regular time for general consumer feedback and updates on big Department initiatives, including the State Innovation Model workgroups.

Fourth and finally the MCAC will revise the member list and increase MCAC member accountability as well. It is intended that MCAC roster will shrink to have a smaller, but more action-oriented body. The executive committee will consider quotas for the number and types of groups that are needed to fulfill a comprehensive look at the Medicaid program. We will develop membership requirements for attendance and participation, and a process by which members can be removed for failure to meet the requirements. In addition, as MCAC moves to endorse or recommend changes to DHCF actions, we must also institute a conflict of interest policy by which members would recuse themselves from specific endorsements or recommendations as appropriate.

Each of these recommendations provides the clarity necessary to meet the goal that we know we share with the Department: to increase beneficiary participation in MCAC. A clear sense of the role of MCAC, and a vision of the impact it should have on the health and wellness of the District are prerequisites in helping the MCAC advertise and recruit new members. We look forward to further discussion with you and your team as we work together to build a healthier DC.