D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)
Sub-Committee Proposal Form

All MCAC sub-committee proposals must be submitted for consideration by the MCAC using this form. Proposals must come from the respective sub-committee chair to MCAC Liaison using the dhcfMACandBAC@dc.gov email inbox at least one week in advance of the next scheduled MCAC meeting.

1. **Proposal Title**: Recommendations to Inform Development and Implementation of Nutrition Services and Supports through DC's Section 1115 Medicaid Demonstration Renewal

2. **Submitting Sub-Committee** *(choose one)*
☒Health System Re-Design (submitted July 2025)
☐Access

3. **Abstract**
In 100 words or less, explain the proposal being submitted for MCAC's consideration.

The Health System Re-Design Subcommittee proposes nutrition-related recommendations to inform implementation of DC's 1115 waiver renewal. Recommendations focus on clarifying service definitions and eligibility criteria, building individualized navigation supports, offering flexible service delivery models, and aligning nutrition services with existing Medicaid, Medicare, and community programs. These proposals aim to reduce confusion, prevent service duplication, and improve access to medically necessary and socially supportive nutrition services. These consensus recommendations were derived from stakeholder expertise provided during HSR subcommittee meetings from September 2024-July 2025. The recommendations align with the waiver's goals to improve health outcomes, enhance utilization of appropriate care, and address health disparities.

4. **Proposal**
In 1000 words or less, explain the problem being addressed and propose a discrete and actionable solution for the MCAC's consideration. Include any scheduling and/or budget implications, along with risk and mitigation strategies of this proposal.

Nutrition is a foundational determinant of health, particularly for Medicaid enrollees with certain medical conditions, mobility limitations, food insecurity, and at certain life stages. Stakeholder experience in the District, and information gleaned by subcommittee members from other states that have implemented 1115 Health Related Social Needs waivers, illustrated that access to nutrition services can be constrained by inconsistencies in eligibility definitions, fragmented service delivery, limited navigation supports, and a lack of alignment with existing programs such as SNAP, WIC, or Medicare-funded meal benefits. These

barriers lead to confusion among eligible beneficiaries and providers, missed opportunities to address nutrition-related needs, and duplication of services. The Health System Re-Design Subcommittee identified four recommendations to improve nutrition access and continuity through implementation of the proposed 1115 waiver renewal.

Recommendations are not in rank order.

Recommendation 1: Provide Clarity of Services and Eligibility to Enhance Accessibility
Develop clear and accessible definitions of nutrition services and eligibility criteria, including specificity regarding qualifying clinical risk factors and qualifying chronic conditions. Nutrition service definitions should be simple and widely communicated to both providers and beneficiaries. Final guidance should also include practical and specific examples to support consistent implementation across Managed Care Plans and service providers.

Rationale: Stakeholders noted that unclear eligibility guidance and service definition descriptions create barriers to access. Inconsistent interpretation and implementation can restrict access or delay care. Applying a functional lens to eligibility criteria is important, especially for children. In pediatrics, medical and social needs often overlap and the underlying cause can be difficult to ascertain.

Recommendation 2: Ensure Individual Navigation and Comprehensive Screening Support
Implement individualized navigation support to assist with screening for social determinants of health, aiding with enrollment, guiding nutrition benefit selection, and connecting individuals to wraparound services (e.g., cooking tools or food storage access). Further infrastructure may be necessary to adequately implement comprehensive screening and navigation.

Rationale: Stakeholders emphasized that clear screening, strong navigation, and warm handoffs are critical to improving access, continuity of care, sustained engagement, and maximizing effectiveness of benefits. Using health information technology to connect Medicaid enrollees, providers, and public entities will improve health services.

Recommendation 3: Align Nutrition Benefits with Existing Services
Ensure that new nutrition services under the 1115 waiver are aligned and/or complementary with existing Medicare/Medicaid benefits, other programs, and community services to reduce confusion and avoid duplication—particularly for dual-eligible or medically complex participants. Integrated coordination and cross-agency data use (e.g., CRISP) can help to ensure participants receive the most appropriate, non-duplicative benefit. Guard against unintended consequences of service exclusions during eligibility design to ensure individuals who are eligible for multiple programs do not inadvertently lose access.

Rationale: Stakeholders emphasized that individuals may already access services through SNAP, WIC, or Medicare-funded home-delivered meals. This highlights the importance of coordination and intentional benefit design.

Recommendation 4: Design Flexible Service Models to Meet Diverse Needs
Offer multiple and flexible delivery formats—including grocery cards, home-delivered meals, and food pickup. Provide technology-based nutrition education and food access, such as through telehealth, text messaging-based counseling, or app-based grocery ordering.

Rationale: Multi-modal delivery and flexibility accommodate changing participant needs, functional status, cooking capacity, and/or cultural preferences. These principles also allow for transitions (e.g., post-surgical meals transitioning to grocery assistance) and promote long-term engagement and sustainability.

Additional Considerations:

- Recognition of Budget and Fiscal Environment
  - The HSR Subcommittee is acutely cognizant of the current and future budget environment, with pressure at the regional and federal levels. This reality has been discussed during nutrition breakout groups during Subcommittee meetings, with the recognition that DHCF will need to make decisions regarding beneficiary eligibility and service design, and that overall need will exceed funding availability.
- Nutrition Services Framework
  - Since September 2024, the HSR Subcommittee has heard insights, suggestions, and recommendations from a wide variety of community stakeholders regarding implementation of proposed nutrition services.
  - Rich information is captured in a services framework document (attached to this proposal), to inform service description, beneficiary eligibility, frequency, duration, setting, and staffing qualifications/ratio for each nutrition service.
  - The HSR Subcommittee strongly recommends this document for review and consideration to the DC MCAC and DHCF as implementation progresses.
- Feedback to HSR Subcommittee
  - The Subcommittee requests that DHCF provide a future update(s) on how the nutrition recommendations were addressed.
  - Updates support continued strong engagement with community stakeholders and Subcommittee values of transparency and continuous feedback.
  - The Subcommittee recognizes the current approval and implementation timeline and that updates may not be available until calendar year 2026.

5. Supporting Documentation

Any supporting documents should be directly provided as attachments to this proposal, and referenced in section 4 above. Please list below.

a. Compilation of 1115 Services Frameworks_ HSR Subcommittee