Nutrition – 1115 Waiver Services Framework

DC MCAC HSR - Discussions

Service Name:	Meal program (home-delivered)	Food package (delivered or for pick-up)	Grocery benefit	Nutrition counseling/education
Service Description:	A participant emphasized the need to clarify definitions for home-delivered meals and pantry stocking.	A participant discussed the importance of flexible food delivery options, especially for beneficiaries with limited access to groceries.	A participant highlighted the success of Produce Rx programs, which provide access to fresh produce and essential groceries, demonstrating significant benefits in supporting nutritional needs for diverse populations. It was noted that these programs are particularly effective in offering culturally relevant food options, contributing to improved health outcomes. Another participant suggested that grocery benefits could be more effective than traditional Nutrition Rx models by providing beneficiaries with greater flexibility in food choices.	A participant introduced GoMo Health, a platform that uses SMS-based messaging integrated with human interaction to deliver nutrition education. This approach was suggested as a way to enhance engagement with beneficiaries needing nutritional counseling. The participant suggested that flexibility in delivery methods, such as telehealth combined with food delivery, could improve access to services. Another participant recommended keeping nutrition counseling separate from food provision to avoid forcing beneficiaries into bundled services they may not need or inadvertently creating barriers. A participant shared insights on how some states, like Pennsylvania and New Jersey, have integrated nutrition counseling with food benefits, which has had mixed results. It was also noted that some states have successfully separated these services to allow for more tailored support.
Beneficiary Eligibility Criteria:	A participant clarified that CMS does not require beneficiaries to be enrolled in SNAP or WIC to access benefits under the 1115 waiver. However, there are benefits to connecting eligible beneficiaries to these programs to avoid duplication of services. In Pennsylvania, a streamlined	Emergency food packages were recommended for recently discharged patients to ensure they have immediate access to nutrition.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.

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	process automatically enrolls beneficiaries in SNAP/WIC if they qualify for nutrition benefits.			
Frequency:	It was suggested that ongoing support should be tailored based on regular assessments to determine individual needs.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.
Duration:	Participants expressed that services should be flexible, with a standard duration of up to six months, allowing extensions as needed. It was suggested that assessments be expanded to address gaps in Medical Nutrition Therapy coverage.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.
Setting:	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.	A participant discussed using telehealth for nutrition counseling, particularly when in-person sessions are not feasible. A hybrid model combining virtual counseling with physical food delivery was seen as an effective approach to meet varying beneficiary needs.
Provider Staffing Qualifications:	A participant emphasized the importance of involving registered dietitians to ensure quality in medically tailored meals and nutrition counseling. It was also noted that providers should have experience working with diverse populations, especially those with chronic health conditions.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.
Staffing Ratio/ Caseload:	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.	Nothing was explicitly discussed during this session.

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Other Considerations:	A participant highlighted the need for clear definitions of medically tailored, medically supportive, and nutritionally complete services to avoid confusion among providers. A participant noted the importance of clear definitions for all 1115 waiver nutrition services prior to service launch to streamline implementation and avoid unnecessary complexity as a lesson learned from their experience in other states.

Reentry – 1115 Waiver Services Framework

Areas in red with grey background will be the focus of conversation for the first 30 minutes

DC MCAC HSR – Discussions

Service Name:	Targeted Case Management	Behavioral Health Counseling and Therapy
Service Description:	• A participant noted that case management should be tailored to the complexity of each individual's situation, particularly for those experiencing homelessness, who often prioritize immediate needs over long-term services. • Participants highlighted the importance of simplifying service delivery. It was recommended to differentiate between low- and high-need levels in targeted case management, especially during the critical first two weeks before release.	Nothing was explicitly discussed in this session.
Beneficiary Eligibility Criteria:	• A participant suggested using Louisiana's program manual as a reference, noting that it provides clear eligibility criteria that could support a streamlined approach. • Participants highlighted gaps in existing interagency agreements (MOUs and MOAs), emphasizing the need for agreements to connect jail populations to services provided by different government agencies, before release. Without these, individuals are often discharged without housing or support, increasing the risk of recidivism. • A participant recommended focusing on interagency collaboration to address reentry gaps, particularly for those in federal prisons. It was noted that these individuals often have limited preparation time before release, which impacts their access to services.	Nothing was explicitly discussed in this session.
Frequency:	• Broad support on flexibility in frequency to meet individual needs. • Important to consider individual self-determination and agency when receiving services • Recommendation to include minimum frequency, but focus on tailored services to meet individualized care plan goals based on assessment of needs and clear guidelines to support stratification • Important to keep administrative processes simple while still allowing changes in frequency	• One participant shared that, in their experience, therapy is often recommended multiple times per week for youth returning from DYRS; however, the actual frequency should be tailored to individual needs. • Billing structures should allow for flexibility, enabling adjustments based on specific case requirements.
Duration:	• Recommendation for a baseline duration of 90 days both pre- and post-release, with flexibility to extend for an additional 90 days if needed	Nothing was explicitly discussed in this session.

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	• Participants broadly acknowledged that extensions would be crucial for addressing the diverse reintegration challenges faced by returning citizens, particularly those with more complex situations.	
Setting:	*Considerations for Telehealth vs. In person* • One participant strongly advocated against telehealth for youth during reentry, especially in facilities where proper handoffs are often missed. In-person services were recommended during the last 90 days before release to ensure strong community connections. • Broad support that telehealth could be a valuable tool to address patient preferences and reduce administrative barriers for providers and within facilities when used appropriately, but concerns were shared that telehealth was not likely always appropriate. • Suggestions for addressing telehealth include setting service-based limits (e.g. half of services within a given period can be delivered via telehealth). Noted that limits may look different for youth and adult populations • Participants emphasized the importance of patient self-determination and patient autonomy.	Nothing was explicitly discussed in this session.
Provider Staffing Qualifications:	• Many participants suggested that incorporating peer navigators with lived experience to support the reentry process, enhances trust and engagement among returning citizens. • Others suggested that it is critical to have providers experienced in working with diverse populations, especially those with behavioral health challenges.	Nothing was explicitly discussed in this session.
Staffing Ratio/ Caseload:	Nothing was explicitly discussed in this session.	Nothing was explicitly discussed in this session.
Other Considerations:	• Participants emphasized the need for robust interagency agreements (MOAs and MOUs) to close service gaps, particularly for individuals being released without stable housing. These agreements should outline detailed processes to ensure smooth transitions. • Participants advocated for a housing-first model, especially for those not ready for abstinence-only programs, as a way to provide stability and reduce recidivism. • It was noted that funding is available to provide phones with unlimited minutes upon release, which improves connectivity for returning	Nothing was explicitly discussed in this session.

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	citizens. Important to connect these services to support case management communication and case management goals. • There was a suggestion to involve peer navigators and returning citizens in future meetings especially when addressing overlap of housing and reentry. • A participant emphasized the need for clear guidelines to establish a baseline for targeted case management, noting that understanding the population before release helps in stratifying needs. • Helpful Resources/ State Examples – Louisiana (A group member provided the program manual); California's policy and operations guide (a new version expected early 2025) • Concerns were raised about excluding federal prison reentry pathways, especially for DC residents who serve longer sentences in federal facilities. The need for collaborations with federal entities was suggested. (*DHCF shared that the federal government excluded individuals returned from federal entities as part of this 1115 opportunity. DHCF did request a narrow exception to this exclusion, recognizing the importance improved continuity of care for these returning citizens, and also recognizes the opportunity to improve coordination for this population outside of waiver authority.)* • Recommendation to develop a fact sheet/informational sheet at a 4th-grade reading level improve accessibility of information for returning citizens. • A participant suggested that future discussions focus on addressing obstacles related to release dates.	