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:	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.
Beneficiary Eligibility Criteria:	Participants suggested that eligibility for medically tailored meals and grocery benefits should be determined based on diagnosed illnesses, compromised nutritional status, and impacts on Activities of Daily Living (ADLs). Screening processes, including provider-recommended questions on cooking ability and access to refrigeration, were highlighted as critical for comprehensive assessments. Participants suggested that lower-intensity interventions, such as grocery packages, may be more suitable for individuals with less severe conditions. For those with complex needs, such as hospice or late-stage Parkinson's disease, tailored meal services were emphasized. A tiered eligibility model was proposed to align services with individual capacity. Participants suggested using the food as medicine pyramid as a framework for eligibility criteria, ensuring services are appropriately targeted to individual health needs.	Concerns were raised regarding the financial feasibility of the program, particularly the significant cost differences between prepared meals and food packages or grocery benefits. It was suggested that the program's scope and potential cost differentials be carefully evaluated to ensure sustainability.	It was suggested that eligibility for produce prescriptions and grocery benefits consider factors such as cooking ability, access to refrigeration, and homebound status. Formalizing these criteria during the screening process was suggested to improve effectiveness. The need for a delivery model was emphasized to address accessibility barriers, with considerations for individuals transitioning between care settings in Maryland, Virginia, and DC. Clarification was sought on whether services must remain tied to a DC address. Participants suggested focusing eligibility criteria on chronic conditions such as diabetes, prediabetes, and hypertension.	It was suggested that prevention strategies be considered, with a focus on addressing risk factors and the needs of children who may already have or be at risk for diet-related medical diagnoses. Participants suggested prioritizing conditions where nutritional support could have the greatest measurable impact to ensure program efforts are effectively targeted.
Frequency:	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.

Note: The views and opinions reflected in this document are those of the participants for the December 12, 2024 Health System Re-Design (HSR) Subcommittee meeting.

Duration:	It was suggested that renewal opportunities be incorporated based on individual needs, with clear criteria established for subsequent renewals. Participants emphasized that a 6-month duration may be insufficient for many individuals and suggested revising services during renewal periods to address evolving circumstances and ensure continued support, preventing regression.	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.	Nothing was explicitly discussed during this session.
Provider Staffing Qualifications:	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.
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.
Other Considerations:	Nothing was explicitly discussed during this session.			

Housing – 1115 Waiver Services Framework

DC MCAC HSR - Discussions

Service Name:	Medical Respite – Behavioral Health Focus
Service Description:	A participant recommended that the step-down model transition clients from ASAM level 3.5 to 3.1 care, allowing for community engagement, such as employment or educational training, after 60–90 days. Support for women with children was highlighted, with daycare options noted as an important resource to address caregiving challenges. Several participants suggested extending program support for an additional 90 days post-transition. Partnerships with community-based organizations and key stakeholders, including CSA, VOACC, and Samaritan Inns, were proposed to expand treatment coverage and services. Expanding residential treatment programs was also recommended to help reduce relapse and readmission cycles. Incorporating a peer-to-peer support program through Chapter 63 was proposed to enhance member engagement and positive outcomes.
Beneficiary Eligibility Criteria:	It was noted that eligibility should prioritize members in need of housing, reentry support, substance abuse treatment, mental health services, or nutrition assistance. Specific focus areas included women with children, female-centered programs, and individuals with opioid addiction.
Frequency:	A participant suggested review after 90 days
Duration:	Participants suggested developing a two-year plan to support transitions from residential SUD treatment, with a focus on women with children and female-specific programs.
Setting:	Participants recommended that supportive housing address medical, mental health, and substance abuse needs while providing temporary housing solutions.
Provider Staffing Qualifications:	Nothing was explicitly discussed during this session.
Staffing Ratio/ Caseload:	Nothing was explicitly discussed during this session.
Other Considerations:	• A participant suggested that discharge planning begin at program entry to outline the scope and stages of care, addressing housing, medical conditions, and chemical dependency to reduce recidivism and improve outcomes. • Participants highlighted the need for additional beds to support clients with medical or mental health conditions. Limited space for individuals with substance use disorders and co-occurring medical needs was identified as a challenge, with structured care models proposed to address these gaps.

Reentry – Release Dates Discussion

DC MCAC HSR - Discussions

A presentation from the DC Department of Corrections (DOC) titled *"Unpredictability of Jail Releases"* provided an overview of challenges related to coordinating care due to unknown release dates. Strategies were explored to address these barriers while working within existing constraints.

Key Insights and Strategies Discussed:

- At the DC Jail, only a subset of release dates are predictable in advance. Even these more predictable dates are dependent on calculation of good time credits.
- Participants suggested that pre-release planning begin upon intake or as early as possible prior to release (at least 3–6 months) to build trust and support person-centered care. Collaborative strategies could include working with community-based Substance Use Disorder (SUD) treatment programs, the Jail-based Residential Substance Abuse Treatment (RSAT) program, preparing essential items for release, and establishing communication agreements with DOC to share relevant information.
- Participants described comprehensive reentry models, emphasizing phased approaches that incorporate pre-release engagement, post-release case management, housing support, and advocacy training to improve outcomes and build self-sufficiency.
- Participants also emphasized it is critical to provide structured post-release support to promote stability and reduce recidivism.
- Challenges identified included staff turnover, communication barriers with halfway houses, and gaps in insurance coverage for individuals transitioning from custody.
- Several participants agreed on the need for clearer referral processes from the Ready Center to improve coordination.
- It was suggested that a centralized list of community providers and stakeholders be developed to track release dates and facilitate seamless service delivery.
- Participants emphasized the importance of improving communication about release timelines, including clear calculations of good time credits, to enhance care planning and transitions.