



Health System Re-Design (HSR) Subcommittee

DHCF Medicaid Advisory Committee (MAC)

May 14, 2026 | 2:00 PM – 3:30 PM ET



Agenda

- ▶ **Welcome and Updates**
- ▶ **1115 Nutrition Services Updates**
 - Update on DHCF’s 1115 Waiver Renewal Application
 - Federal Nutrition Service Landscape
- ▶ **Discussion of 1115 Nutrition Services Opportunities**
- ▶ **Public Announcements, Other Business, and Next Meeting**



1115 Nutrition Services Updates



Update on 1115 Waiver Nutrition Services

- ▶ In June 2024, DHCF submitted an 1115 waiver renewal application, which included a request for authority to cover nutrition services, among other services
 - DHCF’s waiver renewal application continues to be pending CMS approval
- ▶ In 2025, CMS [rescinded](#) the Biden Administration’s health-related social needs framework, which DHCF referenced for our waiver renewal application
 - CMS is now only considering HRSN services on case-by-case basis
 - However, CMS has not approved any HRSN-focused 1115 waivers since 2024



Nutrition services in DHCF’s pending waiver renewal request

For beneficiaries with certain health risks or nutrition-sensitive health conditions, and/or children or pregnant or postpartum beneficiaries and their households:

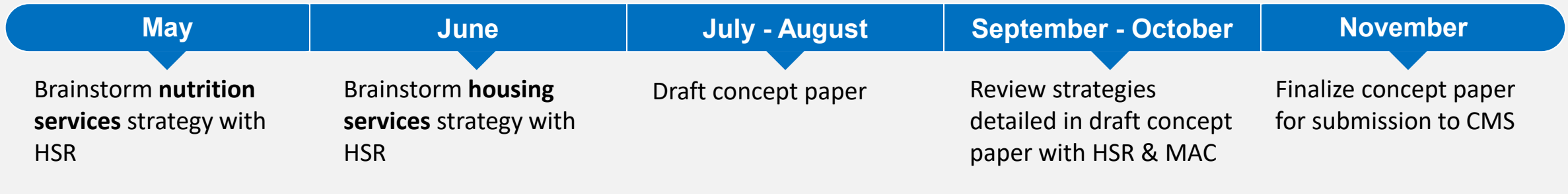
- ▶ Nutrition counseling and education
- ▶ Home delivered meals or pantry stocking, up to 3 meals a day, for up to 6 months
- ▶ Fresh produce prescriptions, protein boxes, and/or grocery provisions, up to 3 meals a day, for up to 6 months
- ▶ Cooking supplies



Next Steps for 1115 Waiver Nutrition Services

- ▶ To continue DHCF’s efforts to advance access to nutrition services, we are now focusing on nutrition services that:
 - Are more clinically-focused and targeted (e.g., population- or service-specific) to the needs of District residents
 - Align with current CMS priorities
- ▶ DHCF plans to develop a concept paper to receive initial feedback and align with CMS on a more focused HRSN approach, in the event that CMS does not proceed with our current request
 - HSR’s HRSN recommendations will continue to guide the implementation of more focused HRSN strategies

DHCF Concept Paper Development





Examples of 1115 Nutrition Services Approved Prior to 2021

State & Program	Services Covered	Eligible Populations
Maryland – HealthChoice Diabetes Prevention Program (approved 2019*)	<ul style="list-style-type: none"> Year-long group learning course focused on healthy eating and physical activity, led by a lifestyle coach: <ul style="list-style-type: none"> Months 0-6: weekly sessions Months 7-12: monthly sessions 	Medicaid members who are enrolled in a managed care plan; overweight; and who have prediabetes or a history of gestational diabetes
Massachusetts – MassHealth Flexible Services Program (approved 2016)	<ul style="list-style-type: none"> Home-delivered meals Benefit enrollment assistance Nutrition/food-related household supplies Nutrition education and skills development Transportation to nutrition services Food access (e.g., groceries, nutrition vouchers) 	Medicaid members who are enrolled in Medicaid accountable care organization, meet a health-based needs criteria, and meet a risk factor (i.e., experiencing or at-risk of homelessness and/or at risk for nutritional deficiency due to food insecurity)
New Mexico – Centennial Care Home Visiting Program (approved 2018*)	<ul style="list-style-type: none"> Diet and nutritional education as part of prenatal and postpartum home visits 	Medicaid members who are pregnant or have children under age five
North Carolina – Health Opportunities Pilots (approved 2018*)	<ul style="list-style-type: none"> Food and Nutrition Access Case Management Services Group Nutrition Class Fruit and Vegetable Prescription Healthy Food Box Healthy Meal 	Members with a diet or nutrition-related chronic illness
	<ul style="list-style-type: none"> Diabetes Prevention Program (group education course) 	Members with BMI ≥ 25 and with prediabetes / at risk for diabetes
	<ul style="list-style-type: none"> Medically Tailored Home Delivered Meal 	Members with specific conditions (e.g., obesity, failure to thrive, gestational diabetes, HIV/AIDS, kidney disease)

*Approved under first Trump Administration (January 20, 2017 - January 20, 2021)



Current Federal Nutrition Initiatives

- ▶ [Make American Healthy Again \(MAHA\) initiative](#), being led by U.S. Department of Health and Human Services (HHS) Secretary Kennedy, includes a focus on food and nutrition as a means to combat chronic conditions
- ▶ Since MAHA’s launch in 2025, HHS has released several nutrition-focused funding opportunities:

Program (Agency)	Overview
Rural Health Transformation Program (RHTP) (Centers for Medicare & Medicaid Services [CMS])	<ul style="list-style-type: none"> • Provides funding to 50 states improving healthcare access, quality, and outcomes in rural communities • Several states are using RHTP funds to strengthen access to food and nutrition supports, including: <ul style="list-style-type: none"> • Arkansas: Integrating nutrition programs into clinical care and community interventions • Delaware: Establishing a Food is Medicine (FIM) infrastructure in two rural counties • Kansas: Implementing a statewide FIM program, leveraging community health workers to provide nutrition education and resource navigation • Virginia: Standing up medically tailored meal programs, nutritional education, and food pharmacy pilots
MAHA ELEVATE (CMS)	<ul style="list-style-type: none"> • Will award funding to up to 30 organizations to test evidence-based, whole-person functional or lifestyle medicine approaches to care, particularly those that incorporate nutrition and physical activity • Populations to be served: Fee-for-service Medicare beneficiaries
Expanded Nutrition Services (Health Resources & Services Administration)	<ul style="list-style-type: none"> • Will provide funding to 357 HRSA-funded health centers in expanding access to nutrition services and food-based interventions (e.g., nutritional assessment and treatment, medical nutrition therapy, weight management programs)



Discussion of 1115 Nutrition Service Opportunities



Questions for Discussion

- ▶ What other nutrition-focused initiatives from the current federal administration should the HSR subcommittee be aware of?
- ▶ Based on current federal priorities, what nutrition interventions represent the biggest opportunities for the District? Consider:
 - Which interventions have the strongest evidence of effectiveness*?
 - Which populations show the strongest demonstrated impact from nutrition interventions?
 - What are the highest-priority unmet needs in the District that a more targeted nutrition strategy should focus on?
- ▶ What existing nutrition initiatives in the District could we build on?
- ▶ What have you seen successful implementation of nutrition services from other states/localities under the current administration?

See **page 5 of the following resource for examples illustrating a range of evidence-based nutrition interventions: [HCP-LAN's Evidence-Based Prevention Continuum framework](#)*



Discussion Notes (1/3)

▶ Examples of other federal initiatives

- Participants highlighted a range of initiatives that demonstrate the current federal administration’s nutrition priorities:
 - **Medicare’s Advanced Primary Care Management**: uses a bundled payment to cover the full scope of case management, providing greater flexibility to providers to focus on what is most meaningful to high-risk Medicare patients
 - **HRSA’s Maternal Produce Prescription Program**: will provide grant funding for community-based produce prescriptions programs and nutrition education for maternal populations at risk of poor health outcomes
 - **HRSA’s Dear Colleagues Nutrition Letter**: reinforces the role of HRSA-supported health centers in advancing MAHA’s focus on nutrition and the prevention and management of chronic diseases
 - **HHS’ Advancing Nutrition Education Across the Medical Continuum**: encourages medical schools to integrate nutrition education into medical education
- Participants identified that a key theme emerging at the federal level is a focus on interventions that are tailored to specific conditions and populations and have evidence of a return on investment, shifting away from food insecurity more broadly
- Participants also noted other federal efforts that are impacting access to food and nutrition supports, such as work requirements for SNAP recipients



Discussion Notes (2/3)

▶ **Examples of nutrition interventions that represent the greatest opportunities for the District**

- Participants shared examples of evidence-based interventions, including medically tailored meals, produce prescriptions, and nutrition education and counseling
 - A participant stressed the need to include nutrition education and counseling in any nutrition intervention to sustain lifestyle changes once meal/food services end
- Participants highlighted populations to consider focusing on:
 - Individuals with conditions amenable to nutritional interventions, including diabetes, hypertension, congestive heart failure, chronic kidney disease, cancer, metabolic dysfunction-associated steatotic liver disease (MASLD), and chronic gastrointestinal disorders
 - Maternal and child health populations
 - Individuals with serious mental illness and substance use disorders
 - Individuals returning from incarceration
- From a workforce perspective, participants emphasized the need to leverage local organizations that are already providing nutrition service to District residents and expand the provider types that can be reimbursed by Medicaid, such as registered dietitians



Discussion Notes (3/3)

- ▶ **Existing nutrition initiatives in the District to consider building on that were shared during the HSR meeting**
 - YMCA of Metropolitan DC offers Diabetes Prevention Program and blood pressure self-monitoring via grant-funded partnerships
 - Capital Area Food Bank has an existing Food is Medicine model, a pediatric food pharmacy at Children’s National, a senior food pharmacy in partnership with Unity Health Care, and is working to start a pediatric food pharmacy with MedStar
 - Food & Friends offers specific meal plans based on condition (e.g., dialysis friendly, diabetic friendly), as well as individualized nutrition counseling provided by a Registered Dietitian Nutritionist (RDN)
 - DC Greens has an existing Produce Rx program through which providers can prescribe fresh and vegetables to individuals enrolled in Medicaid who have a diet-related conditions
- ▶ **Examples state/localities with successful implementation of nutrition services**
 - Multiple participants encouraged consideration of in lieu of services (ILOS), through which Medicaid managed care plans cover alternative services beyond those covered by the Medicaid program
 - Example: Michigan has moved forward with offering nutrition services via ILOS
 - As part of the CMMI AHEAD Model, Maryland has launched a medically tailored meals program, targeting individuals with diabetes and a recent hospitalization due to diabetes



Public Announcements and Next Meeting



Next HSR Meeting

▶ **The next meeting will be June 25, 2:00-3:30PM**

- Review of housing waivers, with a focus on medical respite, prior to the most recent HRSN framework and alignment with the previous Housing framework discussions

For more information about DC's 1115 waiver, please visit <https://dhcf.dc.gov/1115-waiver-initiative> or contact DHCF.WaiverInitiative@dc.gov with any questions.



Appendix



HSR 1115 Services Framework – Nutrition Eligibility Feedback

The following table includes recommended eligibility criteria for DHCF’s pending 1115 nutrition services, as documented in the [Compilation of 1115 Services Framework](#):

1115 Nutrition Service	Proposed beneficiary eligibility criteria
Meal program (home delivered) services	<ul style="list-style-type: none"> Recommended groups to focus on in an initial pilot program include individuals with Type 2 diabetes, homebound individuals, hospice and cancer patients those with maternal and child health needs, and dual-eligible members
Food package (delivered or for pick-up) services	<ul style="list-style-type: none"> Medically tailored food boxes should be prioritized for high-risk individuals, while nutritionally appropriate boxes can serve broader populations Eligibility should expand beyond nutrition-related diagnoses to include lead exposure, asthma, preeclampsia, hypertension, obesity, substance use disorder, and behavioral health conditions
Grocery benefit services	<ul style="list-style-type: none"> Eligibility should prioritize individuals with diet-related chronic conditions such as diabetes, prediabetes, and hypertension
Nutrition counseling and education services	<ul style="list-style-type: none"> Addressing risk factors early is key, particularly in children at risk for diet-related conditions Conditions where nutritional support can have the greatest measurable impact should be prioritized



1115 Nutrition Services - Sources

▶ Maryland's HealthChoice Diabetes Prevention Program

- [HealthChoice 1115 Waiver Amendment Request \(2018\)](#)
- [CMS Approval of HealthChoice 1115 Waiver Amendment \(2019\)](#)
- [Maryland Diabetes Prevention Program website](#)

▶ Massachusetts' MassHealth Flexible Services

- [MassHealth 1115 Waiver Amendment and Extension Request \(2016\)](#)
- [CMS Approval of MassHealth 1115 Waiver Amendment and Extension \(2016\)](#)
- [Flexible Services Protocol Approval \(2018\)](#)

▶ New Mexico's Centennial Care Home Visiting Program

- [Centennial Care 2.0 1115 Waiver Renewal Application \(2017\)](#)
- [CMS Approval of Centennial Care 2.0 \(2018\)](#)
- [New Mexico Medicaid Home Visiting Program Explainer](#)

▶ North Carolina's Health Opportunities Pilot (HOP)

- [CMS 1115 Waiver Approval \(2018\)](#)
- [NC HOP website](#)
- [HOP fee schedule and service definitions](#)