



Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

January 9, 2025 | 2:00 PM – 4:00 PM ET



Agenda

- Welcome (5 minutes)
- Workstreams to Prepare for Implementation of New 1115 Waiver (25 minutes)
 - Review: 1115 Whole Person Care Learning Collaborative
 - Summary and Opportunities: WellCentric DC Enhanced Community Engagement
- Reentry, Housing, and Nutrition Breakout Groups (60 minutes)
- Report Out from Breakout Groups (15 minutes)
- Public Announcements, Other Business, and Next Meeting (10 minutes)



Three Workstreams to Prepare for Implementation of New 1115 Waiver Reentry and HRSN Services



Implementation Planning	Enhanced Community Engagement	Provider Readiness Training
<p>The MCAC Health System Re-Design (HSR) Subcommittee meets monthly and serves as the forum for focused community engagement on 1115 renewal.</p> <p>From July 2024 to December 2025, the HSR subcommittee will focus on pre-approval level setting, implementation planning for new services, and provider/system implementation readiness.</p>	<p>WellCentric DC supports monthly MCAC HSR subcommittee meetings and provides enhanced community engagement efforts, including seeking input from Medicaid beneficiaries and their families, as well as frontline staff at community-based organizations and health care providers.</p>	<p>The 1115 Whole-Person Care Learning Collaborative, through Integrated Care DC, is launching in January 2025. The Learning Collaborative aims to build capacity within organizations to prepare to deliver Medicaid-reimbursed reentry and HRSN services.</p>



Join the 1115 Whole Person Care Learning Collaborative

Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.

The **1115 Whole-Person Care Learning Collaborative** is an opportunity provided through Integrated Care DC that offers:

- **Operational Preparedness:** Support providers in their journey to implement and receive payment for these new 1115 waiver services.
- **Service Delivery Best Practices:** Support providers to deliver effective housing, nutrition, and reentry services, to support overall 1115 waiver goals of improving care transitions and beneficiary health outcomes.
- **No-Cost Individual and Group Learning:** Opportunities to learn from experts and peers through individual and group sessions that are free of charge for Medicaid providers or organizations pursuing becoming a Medicaid provider.

Learning Collaborative Participants Will Commit to Working in One of Three Tracks:

1

HOUSING SUPPORTS: Access and maintain a safe and stable living environment that improve overall health.



2

NUTRITION SUPPORTS: Better health outcomes, including lower rates of chronic diseases and improved mental health.



3

REENTRY SUPPORTS: Break the cycle of incarceration, health challenges and homelessness.



Register for a Kick-off Session and Reach Out With Any Questions About Participation



Kickoff Sessions: Register for one of our kickoff sessions to get more information and get started:

- ▶ [Tuesday, January 21, 2025, 1pm-2pm](#) *OR*
- ▶ [Thursday, January 23, 2025, 11am-12pm](#)



Application: *Want to sign up right away?* Complete the online application [here](#).



Questions?

- ▶ Visit the webpage:
https://www.integratedcaredc.com/learning_collaborati/1115-whole-person-care-learning-collaborative/
- ▶ Contact us at support@integratedcaredc.com



Enhanced Community Engagement: Key Feedback and Opportunities for Next Steps



Key Insights from December Call:

- **Diverse Methods:** Participants suggested roundtables, focus groups, surveys, and partnerships with trusted organizations like churches, food banks, and advocacy groups. Storytelling and social media were also recommended to foster connections.
- **Tailored Formats:**
 - *Justice-Involved:* In-person sessions with reentry organizations to build trust.
 - *Food Insecurity:* Collaborations with food banks, church programs, and health workers.
 - *Housing Insecurity:* Partnerships with housing providers and organizations like the Interagency Council on Homelessness.
- **Supporting Participation:** Providing transportation, childcare, meals, and incentives like gift cards was recommended. Hosting events in familiar, trusted locations (e.g., community centers) was emphasized.
- **Plan Improvements:** Suggestions included clarity on engagement goals, multilingual and culturally sensitive outreach, and involving advocacy organization
- **Opportunities for Action:**
 - **Expand Outreach:** Engage faith-based groups, advocacy organizations, school PTAs, and inpatient facilities.
 - **Leverage Partnerships:** Co-host events with trusted organizations to broaden reach.
 - **Validate Feedback:** Use advisory boards or focus groups to review stakeholder input and refine findings.



We Want to Hear From You! Please Complete the Survey to Jumpstart WellCentric DC's Enhanced Community Engagement



Community Engagement Feedback Form



<https://forms.office.com/r/R7r3MzuV2r>



Level-Setting Norms and Expectations for the HSR Subcommittee

- ▶ **The role of this subcommittee is to inform the policy development and implementation of 1115 waiver renewal services.**
 - Subcommittee participants will inform policy development and implementation guidance, bring best practices, lived experiences, and additional critical expertise
 - DHCF staff will support administrative functions, transparently communicate materials and decisions, bring Medicaid subject matter expertise, and ensure a continued feedback loop between the subcommittee and agency decision-making processes
- ▶ **HSR Subcommittee Goals:**
 - Inform DHCF policy development and implementation of waiver services
 - Bring community insights, lived experience, and provider perspectives to bear in program design considerations
 - Build new community and connections to support best practice implementation



Focused and Timed Review of the Services Framework Will Ensure Comprehensive Subcommittee Recommendations



Category	Timing
Service Name:	<i>5 min</i>
Service Description:	
Beneficiary Eligibility Criteria:	<i>5 min</i>
Frequency:	<i>5 min</i>
Duration:	
Setting:	
Provider Staffing Qualifications:	<i>5 min</i>
Staffing Ratio/ Caseload:	
Other Considerations:	<i>10 min</i>

- ▶ During today's breakout (and moving forward) we will have an assigned amount of time for each section of the services framework
 - This structure may look different for each domain (see example on the left for **reentry domain**)
- ▶ This will ensure that group members address each category and can provide feedback across all domain services
- ▶ **This more structured approach relies on:**
 - Group buy-in
 - Active participation from subcommittee members (taking space and making space)
 - Timing and direction from facilitators and notetakers
 - Follow up to fill in gaps (via chat or post-meeting feedback)



In the Breakouts, Each Domain Group Will Work Through the Service Framework with a Domain-Specific Example



Category	
Service Name:	
Service Description:	
Beneficiary Eligibility Criteria:	
Frequency:	
Duration:	
Setting:	
Provider Staffing Qualifications:	
Staffing Ratio/ Caseload:	
Other Considerations:	

▶ Reentry

- Complete services framework for behavioral health counseling and therapy and peer support services.

▶ Nutrition

- Complete services framework for meal program (home delivered) service.

▶ Housing

- Focus on housing transition, navigation, pre-tenancy, and tenancy-sustaining services.



Breakout Group Reminders

- ▶ **Breakout groups in the HSR subcommittee meetings help us to use time to reach our goals efficiently.**
 - Facilitate diving deeper into topic areas, having more people involved in conversation, allowing for a freer flow of ideas, and developing cross-organizational relationships
 - We encourage participants to introduce themselves before they speak and keep cameras on (if able)
 - Be mindful of your participation and allow space for all participants to engage in conversation
 - DHCF staff will facilitate conversation, keep time, take notes during conversations, and identify 1 person from the breakout to report back to the larger group about your discussion

- ▶ **How to join a breakout group:**

- Go to the “participants” panel.
- Click “show all breakout sessions.” A list of all available breakout sessions will then pop up.
- Click “join” next to the breakout session you want to join (Housing, Reentry, or Nutrition).



Note:

Slides 14-16 reflect a summary of participant breakout conversations from the January 9, 2025, Health System Re-Design (HSR) Subcommittee meeting.



Group 1 - Reentry

Report Out from Breakout Discussion



The reentry breakout group went through the services framework for behavioral health counseling and therapy and peer support services:

- ▶ **Behavioral Health Counseling and Therapy:** Participants suggested conducting assessments early in order to start service delivery prior to or close to release. Participants also highlighted the need for patient privacy, and suggested availability of both telehealth and in-person options depending on specific population needs.
- ▶ **Peer Support Services:** Participants suggested a broad definition of Peer Support Services that extends beyond behavioral health peers and broad access to services with provision based on the needs and goals identified in an Individual's care plan
- ▶ **Overarching barriers and recommendations for improvement:** Participants highlighted the current District capacity constraints for providers as well as the need, given the population and setting, to ensure high quality providers.



Group 2 - Nutrition

Report Out from Breakout Discussion



The nutrition breakout group went through the services framework for the home delivered meal service:

- ▶ **Program standards:** It was noted that program standards would vary across multiple categories in the services framework if medically supportive and nutritionally complete meals were allowable services in addition to medically tailored meals.
- ▶ **Person-centered care:** Participants discussed balancing flexibility in menu options to accommodate beneficiary preferences with evidence-based nutritional guidelines and scalability/cost-effectiveness.
- ▶ **Flexibility:** Participants expressed a desire for some flexibility across service eligibility criteria, frequency, duration, and staffing models to enable meeting diverse beneficiary needs.



Group 3 - Housing

Report Out from Breakout Discussion



The housing breakout group went through the services framework for housing navigation, pre-tenancy, and tenancy-sustaining services:

- ▶ **Alignment with existing housing services:** Participants noted that 1115 housing supportive services could largely align with the existing 1915(i) Housing Supportive Services benefit.
- ▶ **Housing units outside continuum of care:** Participants suggested that there are housing units outside the continuum of care that could support 1115 housing service beneficiaries and better tracking of their availability could support 1115 service implementation.
- ▶ **Variability in potential eligible populations:** Participants noted there is a wide range of Medicaid enrollees who could benefit from 1115 housing services and intensity of individual needs would greatly influence service frequency and duration.



Public Announcements and Other Business

Notes on public announcements shared during this section:

- ▶ No public announcements were shared.



Next Meeting

The next meeting will be February 13, 2025, 2-4pm.

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.



Reference



DHCF's 1115 Waiver Renewal Request for Reentry Services



DHCF has worked closely with DYRS, DOC, and DBH to formulate 1115 waiver services that meet CMS requirements. Proposed waiver services represent enhancement and support of existing services and the introduction of new services.

1. 30-day supply of prescription medications in hand upon release
2. Reentry case management
3. All forms of Medication Assisted Treatment (MAT) for substance use disorder (SUD)
4. Behavioral health counseling and therapy
5. Behavioral and physical health screening
6. Peer support services
7. Intensive family-based services for youth

All individuals within 90 days of release (both pre- and post-adjudication) at the following facilities will be eligible for waiver services:

- Central Treatment Facility
- Central Detention Facility
- New Beginnings Youth Development Center
- Youth Services Center

DHCF also put forward a request for limited enrollment and case management services to support transitions for DC Code offenders in BOP facilities.



DHCF's 1115 Waiver Renewal Request for HRSN Services



Housing

- Rent/temporary housing for up to 6 months and related utility assistance, specifically for:
 - Individuals transitioning out of institutional care or congregate settings
 - Individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter
 - Individuals transitioning out of the child welfare system including foster care
- Short-term pre-procedure and/or post-hospitalization housing for up to 6 months
- Transition, navigation, pre-tenancy, and tenancy-sustaining services
- One-time transition and moving costs
- Medically necessary home remediations
- Home/environment accessibility modifications



Nutrition

- For beneficiaries with certain health risks, 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



Case Management, Outreach, and Education

Including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees



HRSN Infrastructure

- Technology
- Development of business or operational practices
- Workforce development
- Outreach, education, and stakeholder convening