Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

October 10, 2024 | 2:00 PM – 4:00 PM ET

Agenda

- Welcome and introductions (10 minutes)
- Framing for further 1115 waiver services framework discussions (10 minutes)
- Discussion breakouts & read-out (80 minutes)
- Public announcements and other business (5 minutes)
- Next meeting and opportunities for staying connected (5 minutes)

MEET THE TEAM

Felicia Benjamin MBA, BSN, RN, CPHQ, PMP

CEO, Wellcentric

Felicia has more than 27 years of nursing and quality improvement experience in both clinical and administrative settings. She has supported a broad range of community health care centers, service providers, Medicaid and commercial managed care plans, focusing on program development, quality improvement, reporting and program evaluation.

Robin Pirtle DNP, MHSM, RN

COO, Wellcentric

Robin is a skilled healthcare executive with expertise in quality management, clinical operations, and medical policy. She excels at building teams, fostering key relationships, and driving operational improvements for measurable results.

Leah Chambers DHSc, MHA, CLSSBB, CHPM, CSM

Nutrition Group SME

Leah brings over 15 years of leadership experience in healthcare, specializing in Medicare, Medicaid, and regulatory compliance. She excels in value-based care, quality improvement, and financial optimization. Leah also created a clinical food pantry to integrate nutrition into patient care and improve health outcomes

Kimberly Veal MPH, CPHQ, CNPM, CMQP, TeamSTEPPS Master Trainer

Re-Entry Group SME

Kimberly has over fifteen years of experience in healthcare quality, public health, Medicare, EHR optimization, health care management, health equity, and patient safety. She received her BS from Baylor University and her MPH from Texas A&M University.

MEET THE TEAM

Felicia Sears

Housing Group SME

Felicia A. Sears has extensive healthcare and management experience, including 25 years working with multi-state Medicaid plans and 15 years in managed care operations. She specializes in community program development and revenue cycle management.

Netty Ghezai

Nutrition Group SME

Netty has over a decade of experience in network development, community outreach, and engagement, specializing in building strong relationships with organizational and community leaders from diverse backgrounds.

Patricia Gatling, MBA

Housing Group SME

Patricia has over 25 years of leadership experience in Medicaid programs, specializing in outreach, enrollment, and retention for underserved communities within Washington, DC.

Patricia Miles

Re-Entry Group SME

Patricia Miles is a managed care expert with 25+ years of experience, specializing in quality improvement, compliance, and increasing Star ratings and HEDIS scores. She's a certified Six Sigma Greenbelt focused on enhancing health plan performance.

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

Review: 1115 Waiver Services Framework – Detailed Descriptions

Feedback from September HSR meeting incorporated in red

Service Name:	Name
Service Description:	What does this service entail? **(Include purpose of service – What gap/disparity does this service address? What is the role of this service in our system of care?)**
Beneficiary Eligibility Criteria:	Who can receive this service? Is it limited by factors like age, diagnoses, other program enrollment, etc.?
Frequency:	How often is this service delivered? (e.g. daily, weekly, monthly, annually) **Note – This could set either a "floor" or a "ceiling".**
Duration:	Is there a limit on how long someone can receive the service? **Note – This could set either a "floor" or a "ceiling".**
Setting:	Does this service need to be in-person or could it also be delivered via telehealth? Where can this service be delivered? (e.g. hospital, doctor's office, community)
Provider Staffing Qualifications:	Who can provide these services? (e.g. specific licensure requirements, specific expertise or other qualifications) **Supervision requirements?**
Staffing Ratio/ Caseload:	Is there a limit to how many individuals a provider can treat at a given time? (e.g. each case manager can only have 15 open cases at a given time)
Other Considerations:	Anything to consider not listed above **(e.g. documentation requirements)**

Considerations for Breakout Discussions: Youth and Family-Specific Needs and Organizational and Individual Representation

Youth and Family Specific Needs

1115 reentry, nutrition, and housing services for youth and families may look different than 1115 services for the adult population:

- Ex. Youth may require different activities in case management services (contact with family and caregivers)
- Ex. CMS allows nutrition benefits to be provided to the entire household if a child or pregnant/postpartum beneficiary meets clinical criteria
- We have added a section to the 1115 services framework to highlight any key differences for youth and/or families, as key sub-populations

Representation and Perspective

The breakout group discussions are a product of each individual and organizational perspective at our (virtual) table:

- What perspectives do we have at the table? (e.g. provider, payer, CBO, advocacy, patient)
- Shifting our perspective and noting missing perspectives for further exploration outside of meetings helps to address gaps.
- Wellcentric will be conducting additional community outreach and engagement activities. The HSR subcommittee conversations will inform these plans.

Webex Poll Question #1:

What perspectives are missing from our (virtual) table? Who would you suggest DHCF conducts outreach to so that they can participate in future discussions?

- *Please provide suggestions by responding to the polling question pop-up during the Webex meeting or email your suggestions to DHCF.WaiverInitiative@dc.gov anytime!*

Results to Poll Question #1:

- Faith communities
- Youth and families
- Users of these services
- Consumers/clients
- Clients
- Hospitals
- Community Health Workers
- More individuals with lived experience
- Chronic care / complex care populations, particularly those experiencing homelessness
- Residents with chronic health problems, especially behavioral health
- For Nutrition Programs – patients involved in these programs
- People with lived experience navigating the need for services
- People with lived experience navigating the need for services
- Returning citizens and their families
- People with lived experience of homelessness and mental illness
- Parents of incarcerated youth
- Community-based direct service providers, particularly for reentry
- People with lived experience who were formerly incarcerated
- Bureau of Prisons (BOP) representatives for those releasing from the BOP and returning to DC
- Healthcare providers
- Smaller group sessions with providers
- People with lived experience
- End users

"Lived Experience/Users" Perspective: 15 out of 22 respondents (68%) identified this as a missing perspective.

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

Category	Adult Population	Youth (and Family) Population
Service Name:		
Service Description:		
Beneficiary Eligibility Criteria:		
Frequency:		
Duration:		
Setting:		
Provider Staffing Qualifications:		
Staffing Ratio/ Caseload:		
Other Considerations:		

- **Reentry**
  - Targeted case management (continued)
  - Behavioral health counseling and therapy
- **Housing**
  - Medical respite (continued)
- **Nutrition**
  - Home delivered meals (continued)
    - Medically-tailored
    - Medically-supportive
    - Nutritionally complete

Breakout Group Reminders

- **Breakout groups in the HSR subcommittee meetings help us to efficiently use time to reach our goals.**
  - Facilitate diving deeper into topics 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, and 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". This will prompt a pop up of all available breakout sessions.
  - Click "join" next to the breakout session you would like to join (either reentry, housing, or nutrition).

Note:

Slides 13-15 reflect a summary of participant breakout conversations from the October 10, 2024 Health System Re-Design (HSR) Subcommittee meeting.

Group 1 - Housing
Report Out from Breakout Discussion

Key Insights

- **Program Models**: Participants discussed various existing medical respite programs in DC such as Joseph's House and Christ House, which offer end-of-life care, 24/7 nursing, and services for individuals with high-acuity needs. Volunteers of America provides a two-phase model, focusing on both medical and housing stability.

- **Staffing**: It was discussed that Christ House operates with 24/7 nursing care, while Joseph's House uses a flexible staffing model based on individual needs. Staffing qualifications were highlighted, with an emphasis on experienced professionals such as registered nurses, social workers, and peer support staff.

- **Medicaid Reimbursement**: Challenges with Medicaid billing for post-respite services were discussed, with many programs relying on federal funding or grants to support their operations.

- **Long-Term Housing**: Participants identified long-term housing as one of the biggest challenges, with many respite programs struggling to secure permanent housing for clients after respite care ends.

- **Younger Populations**: Gaps in respite services for younger and postpartum populations were noted, as these groups often do not meet traditional medical criteria but could benefit from such services.

- **Referral Pathways**: Strengthening referral pathways, data sharing, and capacity-building within homeless systems is essential, particularly with the aging population. Participants suggested revisiting models such as Permanent Supportive Housing (PSH+) to offer creative solutions.

Group 2 - Nutrition
Report Out from Breakout Discussion

Key Insights

- **Eligibility**: Participants discussed targeting populations most at risk, including seniors, mothers, and children, and if data was available to make a data-driven decision on priority populations.

- **Program Design**: The group emphasized the importance of standardizing services for medically tailored, medically supportive, and nutritionally complete meals. Accreditation standards like those of the Food is Medicine Coalition were also discussed. The conversation also covered whether a registered dietitian is necessary for meal approval.

- **Collaboration**: Suggestions were made to coordinate any new 1115 nutrition services with existing initiatives like the Diabetes Prevention Program (DPP) and FlipRX.

Group 3 - Reentry
Report Out from Breakout Discussion

Key Insights

- **Targeted Case Management**: Participants emphasized the importance of person-centered care, with comprehensive assessments and regular reassessments to align services with individual needs.
- **Continuity of Care**: It was highlighted that using the same case management provider pre- and post-release helps build trust and ensures continuity of services.
- **Warm Handoffs**: The need to establish clear standards for transitions between organizations was discussed, with a focus on maintaining relationships, including with community-based providers.
- **Challenges**: Participants discussed difficulties with understanding release dates and coordinating data-sharing processes. Concerns were raised about establishment of pre-release behavioral health services, including reimbursement concerns for organizations delivering pre-release services .
- **Recommended Next Steps**: It was suggested that maximizing the 90-day pre-release period could enhance reentry support. Participants also proposed implementing successful approaches from other states within the next 6 months and strengthening collaborations with community-based organizations already doing in-reach work and with established relationships (e.g. Open City Advocates, Voices for a Second Chance) to enhance success.

Public Announcements and Other Business

Notes on public announcements shared during this section:

- DHCF's next full MCAC meeting is at 5:30pm on October 23

Webex Poll Question #2:

How would you evaluate the quality of today's meeting?

1 – Very Poor 2 – Poor 3 – Acceptable 4 – Good 5 – Very Good

- *Please feel free to provide further feedback or suggestions for future meetings by emailing DHCF.WaiverInitiative@dc.gov anytime!*

Results from Poll Question #2:

- 0/52: Very Poor
- 0/52: Poor
- 2/52: Acceptable
- 20/52: Good
- 15/52: Very Good
- 15/52: No Answer

Get Involved and Make Sure You're Getting Updates

The next meeting will be Thursday, November 14, 2-4pm – we look forward to seeing you all there!

- Refer someone – are there people who you think we should reach out to?
- Are you on the email list to receive updates on the 1115 waiver?

Email DHCF.WaiverInitiative@dc.gov and we will add you to the list and/or outreach to any referred stakeholders.

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