Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

October 16, 2025 | 2:00 PM – 4:00 PM ET

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Agenda

- Welcome and Updates
- Review of Subcommittee Conversations on Screening and Referral
- Presentation of Draft Recommendations
- Discussion and Feedback on Recommendations
- Public Announcements, Other Business, and Next Meeting

1115 Renewal Cross-Cutting Recommendations Goals & Planned Timeline

- Presentation of 1115 Renewal cross-cutting recommendations in two areas from the HSR Subcommittee at the December 2025 Full MCAC meeting

- HSR meeting schedule to support readiness to present recommendations:
  - September and October HSR meetings:
    - Discussion of screening, referral & technology
    - Formulation of recommendations
  - November and December HSR meetings:
    - Discussion of care coordination and service navigation and workforce
    - Formulation of recommendations

The HSR Subcommittee Has Addressed The Topic of Screening and Referral Three Times Throughout 2025

- April - A Brief review of some existing state processes and general breakout discussions with a focus on the current landscape in the District, alignment of Health Related Social Needs (HRSN) screening tools, and the roles and responsibilities of organizations involved in HRSN screening and referral.

- July - Discussion of screening and referral within the context of planning recommendations on cross-cutting themes

- September – Presentation by CRISP DC on current digital health tools in the District and facilitated breakout discussions to formulate recommendations to DHCF based on more detailed questions about the potential structure of screening and referral in the district

Other States with Approved Waivers Have Organized HRSN Screening and Referral In Different Ways

State	Tools and Standardization	Entities Administering Screening	How are Services Authorized/ Approved?	Other Key Features
NY	Accountable Health Communities (AHC) screening tool	Entities contracted with Social Care Network (SCN) – no restriction by entity type	SCNs	Regional SCNs (hub-like entities) procured by the state that sit between providers and payers
NC	Healthy Opportunities Screening Tool (HOST)	Managed care plans (MCPs) and care management teams in their networks	MCPs	Though NC has regional network leads, the screening and authorization processes are largely standardized at the state level
CA	No standard tool – dependent on Managed Care Plan (MCP) requirements	Dependent on MCP requirements – no standard restriction by entity type	MCPs	State has provided MCP guidance around MCP/provider data sharing for eligibility determination, authorization, service delivery, etc. Requires implementation of closed loop referral system

Please note this is just a sampling of states with well established processes, and does not represent a full landscape analysis of state approaches to screening and referral

Screening, Referral & Technology Recommendations*

Recommendation 1: Prioritize Patient-Centered Care and Minimize Administrative Burden through Key Policy Principles

Recommendation 2: Adopt a "No Wrong Door" Approach with Flexible Screening Frequency

Recommendation 3: Leverage Existing Technology Infrastructure for Health Related Social Needs Screening, Closed-Loop Referrals, and Data Sharing

Recommendation 4: Ensure Robust Technology System Capabilities for Screening and Referrals

Recommendation 5: Establish Clear, Consistent Eligibility Criteria for Health Related Social Needs Services with Structured Accountability Mechanisms

** To ensure recommendations are coming from the HSR Subcommittee, DHCF did not participate in the creation of these recommendations*

Screening, Referral & Technology Recommendation 1*

Prioritize Patient-Centered Care and Minimize Administrative Burden through Key Policy Principles

- Screening and referral processes should prioritize ease of access and connection to services, avoiding multiple steps that delay services.
- Design systems to route beneficiaries efficiently, avoiding redundant referrals and working to determine eligibility at the outset of the Health Related Social Needs screening process.
- Balance benefits of standardization with flexibility. Where feasible, allow multiple screening tools or a core tool with optional components to reduce administrative burden and align with other requirements organizations may have.
- Include beneficiary and peer voice in design and implementation decisions to accurately enhance user experience.

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Screening, Referral & Technology Recommendation 1*

Prioritize Patient-Centered Care and Minimize Administrative Burden through Key Policy Principles

Rationale: Patient-centered processes deliver improved outcomes, and enhance trust and engagement. Minimizing administrative burden ensures providers and community-based organizations can focus on service delivery, while efficient routing prevents delays in accessing services and supports, aligning with the 1115 HRSN Waiver's equity and efficiency goals.

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Screening, Referral & Technology Recommendation 2*

Adopt a "No Wrong Door" Approach with Flexible Screening Frequency

- Implement a flexible, inclusive screening and referral process allowing a variety of providers and organizations (e.g., Medicaid providers, community-based organizations, community health workers, self-referrals) to initiate HRSN screening process. Permit screenings at varying frequencies based on changing needs, conducted via multiple modalities (e.g., in-person, phone, digital, or paper) and through culturally and linguistically attuned tools. Utilize technology and data-sharing to minimize over-screening and duplication.

Rationale: A "No Wrong Door" approach builds trust by enabling screenings through credible entities, which increases participation among beneficiaries, especially with those who may be hesitant to disclose sensitive information. Flexible screening frequency accommodates dynamic health and social needs, ensuring timely access to services. Multimodal screening options enhance accessibility for diverse populations, including those with limited digital access. Strategic use of technology and data-sharing capabilities can minimize beneficiary and provider burdens of redundant screening.

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Screening, Referral & Technology Recommendation 3*

Leverage Existing Technology Infrastructure for Health Related Social Needs Screening, Closed-Loop Referrals, and Data Sharing

- Utilize Washington DC's established Health Information Exchange (HIE) infrastructure, particularly CRISP DC, and digital tools like LinkU, to streamline Health Related Social Needs (HRSN) screening, eligibility determination, closed-loop referrals, and data sharing. Ensure these platforms support standardized screening tools, real-time eligibility verification, and secure data exchange while minimizing the introduction of new systems that could increase administrative burden. Invest in provider training to optimize system use and resources/capabilities to maintain an accurate, up-to-date resource directory. Ensure contingency plans to mitigate risks of system discontinuation.

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Screening, Referral & Technology Recommendation 3*

Leverage Existing Technology Infrastructure for Health Related Social Needs Screening, Closed-Loop Referrals, and Data Sharing

Rationale: DC has invested significantly in CRISP DC and LinkU, which already support HIE and resource navigation. Leveraging these systems, with modifications where indicated, avoids redundant costs, reduces provider burden, and ensures seamless integration with existing workflows. A closed-loop referral system fosters accountability, while robust training and resource directory maintenance enhance provider and beneficiary engagement. Introducing a new platform or requiring implementation of an additional platform, unless strongly supported by community stakeholders, can add complexity to processes that may already be established and working efficiently, as well as create additional costs for the state, health plans, and providers. Increasing data sharing capabilities among providers and community-based organizations improves service provision and coordination, and decreases duplication. Mitigating risks of system discontinuation prevents disruptions in care delivery.

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Screening and Referral Recommendation 4*

Ensure Robust Technology System Capabilities for Screening and Referrals

Technology systems for HRSN screening and referrals should contain the following critical features:

- **Shared Data Access**: Enable visibility and access across providers, community-based organizations (CBOs), health plans and others as needed.
- **Privacy Protections**: Ensure compliance with HIPAA and robust security in interoperable systems.
- **Closed-Loop Referrals**: Support reciprocal communication among providers, CBOs, and health plans using existing infrastructure.
- **Real-Time Eligibility Verification**: Provide clear, immediate Medicaid eligibility confirmation.
- **Multilingual Screening Tools**: Offer tools in multiple languages to accommodate DC's diverse population.
- **Streamlined Processes**: Use simplified screening and referral forms to enhance beneficiary experience and reduce administrative burden and complexity among providers, community-based organizations, health plans and other entities as needed.
- **Multimodal Access**: Allow screening via staff administration or beneficiary self-reporting, using phone, computer, or paper formats.

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Screening, Referral & Technology Recommendation 4*

Ensure Robust Technology System Capabilities for Screening and Referrals

Rationale: These features ensure equitable access, operational efficiency, and data security while aligning with existing infrastructure. Multilingual and multimodal tools address DC's diverse population, while streamlined processes enhance beneficiary experience and program scalability, and reduce burden on providers and community-based organizations.

** To ensure recommendations are coming from the HSR Subcommittee, DHCF did not participate in the creation of these recommendations*

Screening, Referral & Technology Recommendation 5*

Establish Clear, Consistent Eligibility Criteria for Health Related Social Needs Services with Structured Accountability Mechanisms

- Define and uniformly apply clear eligibility criteria and processes for HRSN services, ensuring transparency across providers, community-based organizations, beneficiaries and any other integral entities. Communicate criteria and relevant implementation processes through training, provider portals, and public-facing materials. With community stakeholders (e.g., beneficiaries, providers, community-based organizations), identify and implement an accountability structure and metrics, a process for regular stakeholder feedback to guide system improvements, and periodic updates through established structures, such as the DC Medical Care Advisory Committee.

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Screening, Referral & Technology Recommendation 5*

Establish Clear, Consistent Eligibility Criteria for Health Related Social Needs Services with Structured Accountability Mechanisms

Rationale: Clear, consistent eligibility criteria prevent disparities in access and ensure equitable distribution of services. Transparent communication reduces confusion, enhances provider confidence in screening and referrals, and supports beneficiaries in navigating the services. Implementation of accountable structures and bidirectional feedback and updates support program integrity and a culture of continuous improvement.

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Public Announcements and Other Business

Notes on information shared during meeting:

Next Meeting

- **The next meeting is scheduled for November 13, 2025, 2-4pm.***

- Below, please find the additional HSR Subcommittee meetings proposed through the end of calendar year 2025:
  - December 11, 2025: 2-4 pm

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