Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

November 13, 2025 | 2:00 PM – 4:00 PM ET

Agenda

- Welcome and Updates (Sarah and Allie)
- Review of Current DHCF Care Coordination (Allie)
- 1115 Waiver State Examples (Allie)
- Breakout Group Discussion – Care Coordination (All)
- Summarize Breakout Group Discussions (Sarah)
- Public Announcements, Other Business, and Next Meeting (Sarah)

HSR Will Work Towards Cross-Cutting Recommendations from September – December 2025

- Building on our cross-cutting discussions this past spring, we will use our fall meetings to develop cross-cutting recommendations in key topic areas:
  - September
    - Presentation and discussion on cross-cutting topic: Screening/Referral/Technology
    - Chair's review of April and June meeting cross-cutting topic discussions
  - October
    - Presentation of draft recommendations for HSR Subcommittee discussion and finalization: Screening/Referral/Technology
  - November
    - Presentation and discussion on cross-cutting topic: Comprehensive and high-quality care coordination and service navigation/Workforce
  - December
    - Presentation of draft recommendations for HSR Subcommittee discussion and finalization: Care coordination and service navigation/Workforce
    - Present recommendations for MCAC approval at December MCAC meeting

Effective Care Coordination for 1115 Waiver Services Must Consider the Local Context

- The goal of care coordination through the 1115 waiver is to ensure:
  - Access to services for beneficiaries in need
  - Coordination across different services that beneficiaries need
  - Limited administrative burden and streamline data sharing to ensure timely and quality services delivered to beneficiaries
  - Alignment and connection to medical care system and other services to address beneficiary needs
- The scale of infrastructure and capacity building resources required for coordination of 1115 waiver services depends heavily on a state's chosen model
- 1115 waiver services are not delivered in a vacuum, and therefore it's critical to consider the context for implementation when designing a structure to achieve these goals
- We will look at both DHCF's current care coordination landscape and some state examples to help frame our discussion around the care coordination structure for the 1115 waiver in DC

DHCF has Multiple Care Coordination Programs Depending on Beneficiary Program Enrollment and Needs

- DC's Medicaid program relies heavily on managed care organizations to deliver care coordination and case management supports to beneficiaries
  - Importantly, case management is not a mandatory service for managed care enrollees, and not all enrollees receive case management. MCPs are required to enroll a minimum of 3% of the population in case management.
  - DHCF requires a tiered model for care coordination and case management based on level of need
  - MCPs are required to provide case management services directly, and may not delegate this requirement to providers or CBOs. However, they may delegate care coordination services

- Across FFS and managed care, DHCF operates the My Health GPS program, to provide care coordination & case management for Medicaid beneficiaries w/ multiple chronic conditions.
  - This is delivered through interdisciplinary teams embedded in a primary care setting

DHCF's MCP Contracts Include Requirements Related to Social Determinants of Health

- DHCF's MCP contract requires plans to:
  - Assess enrollees to identify social factors impacting their health and overall wellbeing
  - Establish policies and procedures and other resources to identify and comprehensively address SDOH
  - Screen for and address SDOH through community closed loop referrals, peer navigation support, and other innovative strategies

Some Existing Medicaid Covered Services and Programs Include Care Coordination Services

- Certain DHCF covered behavioral health services include care coordination elements including:
  - Community Support Services
  - Collaborative Care Model (CoCM)
  - Intensive Care Coordination
- 1915i Permanent Supportive Housing (PSH) provides housing navigation and stabilization that includes care coordination specifically related to addressing housing needs
- Elderly individuals and those who are under the long-term care waivers receive case management services as part of these programs
  - Intellectual and Developmental Disabilities (I/DD) 1915(c) Waiver
  - Elderly and Persons with Disabilities (EPD) 1915(c) Waiver
  - Program for All Inclusive Care for the Elderly (PACE)

Other States with Approved Waivers Have Organized HRSN Care Coordination in Different Ways

State	State Provided Infrastructure Funds to Establish Required Hubs	Entity Managing CBO Network	Entities Conducting Screening & Referral	Entities Authorizing & Approving Services	Payment Process for Services Delivered by CBOs	Entities Delivering Care Management, Coordination, and Navigation Services
NC *2018*	Yes	Hub	- Hubs - MCPs - Delegated providers, CBOs, local health departments acting as care management entities ***Conducted via shared state IT platform***	MCP	CBOs submit claims via Hubs who submit to MCPs	- MCPs - Delegated providers, CBOs, county-level departments acting as care management entities
CA *2021*	No	MCP	- MCPs - Delegated providers, CBOs, local health departments acting as care management entities	MCP	CBOs submit claims to MCPs directly or are paid through separate contract	- MCPs - Delegated providers, CBOs, county-level departments acting as care management entities
WA *2023*	Yes	Hub	- Hubs - MCPs - Delegated providers, CBOs, local health departments acting as care management entities ***Conducted via shared state IT platform***	Depends on service (*ex. Foundational community supports is TPA*)	CBOs submit invoices to contracted TPA, who submits to MCPs	Community-Based Worker (CBW) who can be employed by Hub, community partner, or CBO.
NY *2023*	Yes	Hub	- Hubs - Delegated providers, CBOs, health departments acting as care management entities ***Conducted via shared Hub IT platform***	Hub	CBOs submit invoices via Hub, who submits claims to MCPs	Navigators who can be employed by Hub, community partner, or CBO

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

Breakout Groups Will Use the Following Questions to Begin Formulating Recommendations on Care Coordination

- Based on DC's context, what is missing when it comes to supporting newly proposed 1115 waiver services?
  - Where do you see gaps, needs, and opportunities?
  - What are the different and unique needs for coordinating these services?
  - How would this coordination be supportive and non-duplicative?
- How would coordination of HRSN and reentry services integrate with existing Medicaid care coordination, case management, and medical services?
- How should HRSN supports be connected and coordinated with non-Medicaid services and supports?
- What are the key components of an effective team within an 1115 waiver care coordination structure?
- What sort of capacity building or funding may be required to stand up the key components of an effective 1115 waiver care coordination structure?
  - How would that impact decision-making or recommendations?

Randomly Assigned Breakout Group Reminders

- 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
- Facilitators will display discussion questions, take notes during conversations, keep time, and identify one person from the breakout to report back to the larger group about your discussion

The most common way to join breakout groups:

- If you joined from your browser, go to the "Participants" panel. If you joined from the desktop application, you can also find breakouts as a dropdown from the menu bar at the top of the screen.

Note *– There are some known technical glitches depending on the device/platform you are joining from. If you are unable to join the breakout, please ask for help through the chat and someone will place you in a breakout.*

Report Out - Breakout Group 1

- *Notes from discussion:*
  - Participants expressed that CHWs would be helpful for care coordination, and that better support for CHWs currently operating in the district and further landscape analysis of the community-based workforce would be needed to define the right team to deliver services
  - While there was a desire to further clarify how a Hub might work, some of the elements that participants thought could be helpful included supporting billing and reducing administrative burden on CBOs, centralizing contracting, and supporting quality improvement.
    - One participant shared an example of how NY state allows hubs to make recommendations for VBP related to health-related social needs
  - Participants highlighted opportunity for further data analysis to inform need and support ongoing quality improvement work. This could include pulling disaggregated data to share across stakeholder groups and analyzing for specific areas for quality improvement. This was highlighted as a current system gap as well.
  - The group discussed the importance of role clarity and who is responsible as the lead for someone in terms of care coordination and navigation
  - The group recognized that a lot of folks have strong relationships and that's often not in the healthcare space, and those relationships should be leveraged and built on. They also recognized that though it is not currently within the scope of their role, there is a need to connect closely with healthcare services as well.
  - Participants highlighted the need to ensure that these community-based roles with existing relationships are adequately compensated for their work and embedded into the large care coordination and delivery model.
  - Participants also highlighted the need for multiple points of entry for individuals to access coordination support and services

Note: The views and opinions reflected on this slide are those of the participants for the November 13, 2025 HSR Subcommittee meeting.

Report Out - Breakout Group 2

- *Notes from discussion:*
  - Participants highlighted the need for a “shared table” that includes representation from clinical providers, social supports providers, payers, and policymakers to ensure connection and coordination for integrated social supports.
  - Participants favored a “no wrong door approach” with multiple organizations and role types supporting individuals in accessing 1115 services
  - Participants described challenges related to accountability, wherein many organization are responsible for coordinating a narrow service or need. None of these organizations are accountable for ensuring broader whole person coordination
  - Administrative challenges highlighted include social care organization enrollment as a Medicaid provider, contracting with managed care organizations, and submission of claims.
  - Multiple participants emphasized the role that CRISP DC could play in supporting coordination, noting that the District has a strong IT connectivity infrastructure to build on, but needs the “human connectivity” to support the coordination and delivery of 1115 waiver services
  - Participants shared examples of current partnerships that exist between individual medical providers and/or payers and individual CBOs, with one particularly detailed example in the housing domain. These can serve as a foundation for building coordination structures.

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Public Announcements and Other Business

Notes on information shared during meeting:

- Dr. Cole - New special issue of health and social work journal came out during August with a special focus on the intersection of health care and health related social needs. Dr. Cole will coordinate with Sarah and Allie to share with the group

Next Meeting

- **The next meeting is scheduled for December 11, 2025 from 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