



# Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

November 14, 2024 | 2:00 PM – 3:30 PM ET



# Agenda

- ▶ Welcome (5 minutes)
- ▶ Framing for future meetings and November breakout group structure (10 minutes)
- ▶ Discussion breakouts (60 minutes)
- ▶ Report out from breakout discussions (10 minutes)
- ▶ Public announcements, other business, and next meeting (5 minutes)



# 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

# Looking Ahead: HSR Subcommittee Will Provide Feedback Using the Services Framework Across All Waiver Services



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

- ▶ To meet HSR subcommittee's role of informing policy development and implementation guidance, by spring 2025 the subcommittee will provide feedback on each 1115 waiver service through the services framework
- ▶ We have spent more time on single services at the beginning
  - Subcommittee feedback has facilitated changes to the service framework (September, October, November) and helped facilitators understand expected timings
  - The initial services are particularly complex and require consideration across all categories
- ▶ We will begin moving towards more structured conversation to ensure we address all categories for all services



# We Will Have Two Breakouts This Month, Resuming Housing Next Month



- ▶ For November, breakout sessions will focus on the Reentry and Nutrition domains only
  - The Housing breakout will resume in December
  - DHCF has heard CMS plans to update this [HRSN Informational Bulletin](#) and accompanying [HRSN coverage table](#) from November 2023
  - Any new guidance from CMS will be incorporated in future breakout conversations
- ▶ We encourage participants who typically join the Housing breakout group to use this as an opportunity to join either the Re-entry or Nutrition breakout groups this month to bring their insights and expertise into those ongoing discussions



# 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 (focus on frequency, duration, staffing ratio/ caseload, warm handoff specifics)
- Behavioral health counseling and therapy

## ▶ Nutrition

- Continuum of nutrition services: meal programs, food packages, grocery benefits, nutrition counseling/education
  - Crosswalk with level of medical specificity: 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 or nutrition).



## Note:

Slides 9-10 reflect a summary of participant breakout conversations from the November 14, 2024 Health System Re-Design (HSR) Subcommittee meeting.





# Group 1 - Reentry

## Report Out from Breakout Discussion



### Key Insights:

- **Eligibility:** Participants offered that Louisiana's program manual could be a helpful resource for population stratification and eligibility.
- **Frequency:** Recommendation for person-centered determination of frequency based on assessment and care planning activities
- **Duration:** Suggestion for using full 90-day pre-release allowance and having 90-day post-release support with option for additional 90 days as needed. Broad support that frequency should be flexible to accommodate individual needs.
- **Setting:** Though there were differing opinions on necessity of in-person service, there was broad support that the modality should be determined by patient preference (with opportunity to set broad parameters based on appropriateness for a given service). Participants highlighted opportunity for telehealth to address patient preference and reduce administrative burden/ facility barriers.
- **Other Consideration(s):** It was suggested to involve peer navigators with lived experiences to enhance engagement. A housing-first approach was advocated, along with ensuring access to technology (phones) to improve connectivity for returning citizens. It was emphasized that robust interagency agreements are needed to connect jail populations to services before release, reducing the risk of recidivism.



# Group 2 - Nutrition

## Report Out from Breakout Discussion



### Key Insights

- ▶ **Service Description:** A participant emphasized the need for clear definitions for home-delivered meals and pantry stocking. It was noted that separating nutrition counseling from food provision can help to avoid barriers, as bundling these services can limit access to one or the other. Some states, like Pennsylvania and New Jersey, integrated nutrition counseling with food benefits, with mixed results.
- ▶ **Grocery Benefits:** A participant highlighted the success of flexible grocery benefits like Produce Rx, which allows beneficiaries to access culturally relevant foods. These programs have been shown to improve health outcomes by addressing specific dietary needs.
- ▶ **Nutrition Counseling/Education:** A participant introduced GoMo Health, a platform using SMS-based messaging to deliver nutrition education, integrated with human interaction. The use of technology for nutrition counseling was discussed, with a suggestion to keep counseling separate from food provision to offer tailored support without requiring bundled services.
- ▶ **Setting:** A hybrid model combining telehealth counseling with physical food delivery was suggested for beneficiaries who cannot attend in-person sessions, improving access and convenience.



# Public Announcements and Other Business

*Notes on public announcements shared during this section:*

- ▶ DHCF's next full MCAC meeting is at 5:30pm on December 18



## Next Meeting

- ▶ The next meeting will be December 12, 2024, 2-4pm
  - Proposed agenda includes:
    - Update on CMS approval timeline
    - Update on Learning Collaborative opportunity beginning January 2025 through Integrated Care DC
    - Presentation of Wellcentric’s draft Community Engagement Plan and feedback from subcommittee
    - Housing, Reentry, and Nutrition breakout groups

*Please send any questions or refer interested community members to [DHCF.WaiverInitiative@dc.gov](mailto:DHCF.WaiverInitiative@dc.gov) for more information about DC’s 1115 waiver.*



# 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