Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

December 11, 2025 | 2:00 PM – 4:00 PM ET

Agenda

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

DHCF Announcement: 1-Year Temporary Extension of Behavioral Health Transformation Demonstration

- On November 17, CMS issued a temporary extension of the District's Behavioral Health Transformation 1115 Waiver through December 31, 2026.
  - This includes the continuation of authority for IMD stays and elimination of the $1 copay for MAT.

- The District's renewal application remains pending with CMS. DHCF is continuing to negotiate with CMS on the renewal application, which includes:
  - the continuation of IMD stays and elimination of the $1 copay for MAT
  - Justice-involved reentry services
  - health-related social needs (HRSN) housing and nutrition services

- As a reminder:
  - In March 2025, CMS issued a CMCS Information Bulletin rescinding 1115 HRSN guidance issued in 2023 and 2024, indicating that they will review applications to cover these supports on a case-by-case basis
  - The 2023 guidance issued related to reentry waivers is still in effect

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 related workforce
  - December
    - Presentation of draft recommendations for HSR Subcommittee discussion & finalization: Care coordination and related 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
- At the November HSR meeting, we discussed 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
- The recommendations are derived from Subcommittee discussions in June, July, and November 2025, and relevant domain-specific breakouts over the previous 18 months.

Care Coordination Recommendations*

Recommendation 1:

- Create a Hub or Centralized Structure to Support HRSN Service Administration, Care Integration and Coordination, Quality Improvement, and Other Identified Roles

Recommendation 2:

- Utilize Opportunity for Role Clarity and Structurally Supporting the Relationships that Drive Connection to Care and Outcomes

Recommendation 3:

- Implement Necessary Policy and Regulatory Changes to Facilitate Appropriate Service Provision, Billing and Reimbursement by Community Health Workers

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

Care Coordination Recommendation 1*

Create a Hub or Centralized Structure to Support HRSN Service Administration, Care Integration and Coordination, Quality Improvement, and Other Identified Roles

To optimize the provision of HRSN services, address identified gaps, and further improve the coordination of care, the District would benefit from a centralized entity to support the delivery, and continuous improvement, of waiver services. The following activities were initially identified by Subcommittee members, but the list is not necessarily exhaustive or in rank order:

- Administrative Resources for Community-Based Organizations (CBOs). Many CBOs would benefit from a central entity that could support administrative functions, such as payment authorization, Managed Care Plan (MCP) contracting, and other duties identified during planning and implementation.
- Data Utilization to Support Quality Improvement. A single, neutral entity with responsibility for data aggregation across MCPs and at the population health level would support quality improvement activities.
- Facilitate Integration of Clinical and Social Care. Further integration of clinical and social support is necessary, and a centralized structure to serve as a bridge would decrease fragmentation.
- Enhance Accountability. A hub or single entity could reinforce accountability for overall implementation, which is an overarching need identified by the Subcommittee.

The HSR Subcommittee is cognizant that many states with HRSN waivers that established hubs did so in different economic and funding environments. If the District is unable to move forward with this recommendation due to funding constraints, the Subcommittee urges DHCF to determine what other possibilities may exist to advance discrete functions or activities described above.

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

Care Coordination Recommendation 1*

Create a Hub or Centralized Structure to Support HRSN Service Administration, Care Integration and Coordination, Quality Improvement, and Other Roles as Identified

Rationale: Subcommittee participants identified the opportunity for services to be further integrated and coordinated, and that a "shared table" or "human infrastructure" is needed. A hub, as many other states have implemented, or a similar centralized entity, would deliver many benefits. Decreasing administrative obstacles and increasing access to financial and capacity-building resources will allow a more diverse set of CBOs to participate as service providers. A hub provides a foundational opportunity to focus not only on service delivery, but continuous quality improvement, in service of equitable population health outcomes.

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

Care Coordination Recommendation 2*

Utilize Opportunity for Role Clarity and Structurally Supporting the Relationships that Drive Connection to Care and Outcomes

The District should utilize the HRSN waiver implementation as an opportunity to further define role clarity amongst the variety of individuals often providing care coordination, case management and/or navigation services, including through Managed Care Plans, and defining who is the "lead." Ensure financial and structural investment in the types of roles that have strong relationships and trust with beneficiaries, while maintaining multiple entry points for care. Opportunity exists for care coordination at either the hub and/or at the CBO level. Subcommittee members provided examples, such as community health workers and case managers at social care organizations, as the types of relationship-based roles that should be prioritized. In addition to qualitative data provided by community stakeholders, the District should use available national and/or regional research and evidence to inform decision-making.

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Care Coordination Recommendation 2*

Utilize Opportunity for Role Clarity and Structurally Supporting the Relationships that Drive Connection to Care and Outcomes

Rationale: Role clarification decreases duplication of effort and confusion. When care coordination is provided through individuals with whom beneficiaries trust and have built relationships, engagement, connection to care, and overall outcomes are often improved. With recognition that care coordination may be appropriate in a hub structure and/or at CBOs, Subcommittee members voiced that trust with beneficiaries and high amounts of contact are more likely at CBOs.

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

Care Coordination Recommendation 3*

Implement Necessary Policy and Regulatory Changes to Facilitate Appropriate Service Provision, Billing and Reimbursement by Community Health Workers

The District should advance the policy changes required to allow community health workers to be a fully integrated workforce to support the provision of HRSN service delivery, within their appropriate scope and training. This will require implementation of certification standards by DC Health, recognition of community health workers as a qualified provider type by DHCF/DC Medicaid, and identification of covered services. If a systemic approach cannot occur due to funding or other constraints, the Subcommittee recommends DHCF and community stakeholders collaboratively determine if other avenues exist for enhanced integration of this workforce within a more narrowly defined scope.

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

Care Coordination Recommendation 3*

Implement Necessary Policy and Regulatory Changes to Facilitate Appropriate Service Provision, Billing and Reimbursement by Community Health Workers

Rationale: Community health workers have been identified by Subcommittee members as a crucial segment of the workforce that provides critical services, including care navigation, across virtually all HRSN service domains, and are uniquely trusted by beneficiaries. Community health workers are not a qualified provider type for the purposes of Medicaid reimbursement in DC, and no standardized competencies or certification pathway exists. Advancing policy and financing mechanisms to support systemic integration is vital to an effective 1115 waiver care coordination structure and will support quality outcomes.

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Next Meeting

- **DHCF and the Subcommittee Chair will follow up in the coming weeks with information on the next meeting.**

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

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

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