



Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

December 12, 2024 | 2:00 PM – 4:00 PM ET



Agenda

- Welcome (5 minutes)
- Update: CMS Approval Timeline (10 minutes)
- Announcement: 2025 Learning Collaborative Opportunity with HMA (15 minutes)
- WellCentric DC Community Engagement Plan Presentation and Group Feedback (40 minutes)
- Reentry, Housing, and Nutrition Breakout Groups (40 minutes)
- Report Out from Breakout Groups (5 minutes)
- Public Announcements, Other Business, and Next Meeting (5 minutes)



CMS Extended DC's Current 1115 Demonstration Authority to June 30, 2025



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

November 22, 2024

Melisa Byrd
Senior Deputy Director and Medicaid Director
Department of Health Care Finance
One Judiciary Square
441 4th Street NW
Suite 900 South
Washington, DC 20001

Dear Director Byrd:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved a temporary extension of the district's section 1115 demonstration entitled "District of Columbia Behavioral Health Transformation" (Project Number 11-W-00331/3), in order to allow the district and CMS to continue negotiations over the district's demonstration extension application submitted on June 6, 2024. This demonstration will now expire June 30, 2025.

CMS's approval is conditioned upon the district's continued compliance with the special terms and conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The current STCs and expenditure authorities will continue to apply during the temporary extension of this demonstration. The district's current budget neutrality agreement and per member per month amounts (as of Demonstration Year 5) will continue to apply as described in the STCs, until June 30, 2025, or until the demonstration is extended, whichever is sooner.

For the temporary extension period, the district must continue to monitor its demonstration as stipulated in the current STCs. In addition, the district is required to include the temporary extension period in its demonstration evaluation. The district may choose to include this temporary extension period within its summative evaluation for the demonstration approval period beginning January 1, 2020. In this case, the Summative Evaluation Report is due 18 months after the end of this temporary extension period. Alternatively, if CMS approves an extension beyond June 30, 2025, the district may choose to include the temporary extension period in the Evaluation Design and activities of the next full demonstration approval period.

- ▶ On November 22, 2024, CMS issued an extension of DC's current 1115 demonstration authority from December 31, 2024 to June 30, 2025.
 - The extension letter is published on CMS's website [here](#).
- ▶ On December 10, 2024, CMS released an [updated informational bulletin](#) on opportunities to address HRSNs in Medicaid and CHIP.

1115 WHOLE- PERSON CARE LEARNING COLLABORATIVE

All rights and ownership are through the District of Columbia Government,
Department of Health Care Finance, Health Care Reform, and Innovation Administration.



INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

PRESENTED BY:

Anthony Federico, MA, MPA

Jean Glossa, MD, MBA, FACP

**Thursday,
December 12, 2024**

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the U.S. Department of Health and Human Services (HHS). A total of \$4,598,756, or 74 percent, of the project is financed with federal funds, and 1,639,167, or 26 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.



Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.

The 1115 Whole-Person Care Learning Collaborative is an opportunity provided through Integrated Care DC that offers:

- **Operational Preparedness:** Support providers in their journey to implement and receive payment for these new 1115 waiver services.
- **Service Delivery Best Practices:** Support providers to deliver effective housing, nutrition, and reentry services, to support overall 1115 waiver goals of improving care transitions and beneficiary health outcomes.
- **No-Cost Individual and Group Learning:** Opportunities to learn from experts and peers through individual and group sessions that are free of charge for Medicaid providers or organizations pursuing becoming a Medicaid provider.

Learning Collaborative Participants Will Commit to Working in One of Three Tracks:

1

HOUSING SUPPORTS: Access and maintain a safe and stable living environment that improve overall health.



2

NUTRITION SUPPORTS: Better health outcomes, including lower rates of chronic diseases and improved mental health.



3

REENTRY SUPPORTS: Break the cycle of incarceration, health challenges and homelessness.



OVERVIEW OF DC 1115 RENEWAL: ADDRESSING HEALTH-RELATED SOCIAL NEEDS (HRSN)



Medicaid Agencies Across the Country Are Using 1115 Authority to:

Scale Solutions

Scale Medicaid HRSN solutions, adopt promising 1115 practices from across the country, and better respond to community needs

Improve Outcomes

Improve health outcomes through evidence-based interventions that target upstream drivers of health

Reduce Costs

Reduce healthcare costs by decreasing avoidable utilization of urgent and emergent healthcare services

Enhance Coordination

Enhance care coordination by integrating HRSN services into Medicaid's physical and behavioral health coverage to provide care for the whole person

Address Disparities

Address health disparities to reduce persistent health disparities among Medicaid beneficiaries

Support Transformation

Support sustainable transformation by investing in infrastructure and provider capacity for a robust healthcare system

WHO SHOULD PARTICIPATE?

Organizations that already provide – or wish to provide – these services to Medicaid beneficiaries, including:

Housing Providers



- Housing providers
- Case management providers
- Street outreach providers
- Rent subsidy administrators
- Landlord liaisons
- Other providers of supportive services and social services

Nutrition Providers



- Food pantries
- Food banks
- Emergency food relief organizations
- Home-delivered meal providers
- Nutrition counseling and education providers
- Medically-supportive food & nutrition providers

Reentry Service Providers



- Jail Medical Providers
- Reentry Nonprofits
- Legal Services & Advocacy Organizations
- CBOs providing SUD and/or other post-release services
- Community-based services and/or providing healthcare services in the jail

WHAT DOES PARTICIPATION LOOK LIKE?



Participants will work build capacity to achieve milestones according to their priority needs in the following areas:

- Infrastructure development to be ready for Medicaid payment for newly funded services.
- Workflows for screening and assessment of HRSN.
- Network development and referral processes with other health care and HRSN service providers.
- Strategies to support data sharing and reporting within your organization and with partners.

January

February

March

April

May

June

July

Introductory group learning sessions, enrollment into tracks, and completion of baseline assessments.

Peer-to-peer, and individual learning opportunities, as well as required monthly group trainings, to support readiness by and between tracks.

Gather and share lessons learned via virtual or in-person session and updates on next steps.

Kickoff Sessions: Register for one of our kickoff sessions to get more information and get started:

- >> [Tuesday, January 21, 2025, 1pm-2pm](#) *OR*
- >> [Thursday, January 23, 2025, 11am-12pm](#)

Application: *Want to sign up right away?* Complete the online application [here](#).

Questions?

- >> Visit the webpage:
https://www.integratedcaredc.com/learning_collaborati/1115-whole-person-care-learning-collaborative/
- >> Contact us at support@integratedcaredc.com



APPENDIX: HOUSING, NUTRITION, & JUSTICE INVOLVED LEARNING COLLABORATIVE FACULTY



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Wellcentric DC Has Created a Plan to Improve Community Engagement in the 1115 Waiver Implementation Process



- ▶ The Community Engagement Plan will complement the HSR subcommittee and guide WellCentric DC's engagement with new voices and perspectives. The plan is designed to:
 - Strengthen partnerships with stakeholders
 - Develop inclusive outreach strategies, and
 - Ensure community feedback informs decision-making.
- ▶ We will be holding a breakout at the end of this presentation to solicit your feedback on the plan and encourage you to share any insights or suggested additions, inform strategies based on your own lived experience, and shape actionable strategies that support program design and community collaboration.
- ▶ The plan prioritizes transparency, fosters meaningful dialogue, and establishes measurable metrics to demonstrate progress and outcomes.



WellCentric DC Plans to Reach out to a Broad Array of Community Members and Stakeholder Groups



Key Individual Stakeholders to Engage

- ▶ **Medicaid beneficiaries**
- ▶ **Family members of Medicaid beneficiaries**
- ▶ Healthcare providers (physical and behavioral health) – particularly **frontline staff**
- ▶ Community-based organizations – **frontline staff**
- ▶ Advocacy groups

Current HSR Subcommittee Participants can help by

- ▶ Providing contacts and acting as champions to spread awareness
- ▶ Identifying frontline team members to engage and request feedback
- ▶ Facilitating introductions to people with lived experience
- ▶ Sharing survey links and awareness/ marketing materials
- ▶ Offering time on agendas at sponsored public forums



WellCentric DC Plans to Use Telephonic and In-Person Outreach Methods to Identify Individual Stakeholders



▶ **Medicaid Beneficiaries & their families**

- Outreach to Managed Care Plans
- Present at Medical Care Advisory Committee Meetings
- Partner with Economic Security Administration

▶ Healthcare providers (physical and behavioral health) – particularly **frontline staff**

- Leverage network relationships

▶ Community-based organizations – **frontline staff**

- E.g. Parole officers, Care Managers & Community Health Workers

▶ Advocacy groups

- Outreach to key individuals and participants with lived experience that understand barriers, challenges and have innovative ideas



Creative Engagement Will Support the Integration of New Perspectives in 1115 Waiver Planning



▶ Engagement opportunities will include:

- Community meetings and public forums
 - Focus will be on providing more accessible times, venues, and formats to encourage new participants
- Round table discussions
- Individual interviews
- Focus groups / Listening sessions
- Surveys
- Digital and social media

▶ Participation is key to gathering community insights. To support participation, WellCentric DC plans to:

- Conduct small random drawings with prizes for participating
- Provide giveaways
- Provide light snacks at in-person events
- Encourage family participation
- Keep meetings brief and concise
- Use layperson terminology

We welcome feedback from the HSR subcommittee during our breakout discussion on additional engagement activities and methods of supporting engagement



WellCentric DC will use a Timeline and Milestones to Share Progress & Engage HSR Subcommittee



Activities	Completion Date
Introduce & obtain feedback from HSR Subcommittee on the CEP	12/12/2024
Develop list of engaged community stakeholders via e-mail request	01/10/2025
Identify individuals and stakeholder groups that are missing based on HSR feedback	01/10/2025
Reach out to stakeholder groups to identify frontline team members & targeted individuals	02/24/2025
Create talking points for introduction of 1115 waiver to frontline and individuals	01/31/2025
Engage frontline and individual community members	03/03/2025
Hold 2-4 engagement activities	04/01/2025-06/30/2025
Collect & analyze feedback	04/01/2025-06/30/2025
Report findings to HSR Subcommittee	07/10/2025
Incorporate CEP feedback and make adjustments to 1115 implementation planning	07/31/2025



Adopted Evaluation Methods will Ensure the Community Engagement Plan is Effective and Sustainable



▶ Ongoing Stakeholder Involvement

- Continuous feedback loops

▶ Partnerships and Collaborations

- Strengthening relationships & leveraging collaborative networks
 - Engage the right people
 - Amplify engagement activities

▶ Monitoring & Evaluation

- Regular assessments
- Adaptive Management
 - Use findings to adjust engagement strategies

▶ Evaluation Methodologies:

– Quantitative Analysis

- Surveys & questionnaires
- Trending
- Satisfaction
- Impact of engagement activities

– Qualitative Analysis

- Discussions, interviews & public forums
- Thematic analysis (common themes, insights & areas for improvement)
- Nuanced perspectives of different groups



In Small Groups, Answer the Following Questions:

1. From your perspective, are activities proposed (e.g. roundtable discussions, focus groups/ listening sessions, interviews, etc.) the best way to engage these stakeholders?
 - a. Are there other methods we should consider?
2. What is a format that has successfully engaged individuals with the following lived experiences?
 - a. Justice-involved
 - b. Food insecurity
 - c. Housing insecurity
3. What kinds of incentives or support (e.g. transportation, meals) would encourage meaningful participation and reduce barriers for stakeholders?

4. Is there anything missing from the current plan that we should address or add to make it stronger or more effective?
5. How can we ensure that the feedback we collect is both actionable and reflective of the needs of the community?
6. Are there any specific groups we should engage that we have not included or who you believe could play a larger role?
 - a. Names & contact information
7. Anything else to consider?



Note:

Slide 19 reflects a summary of participant conversations from the Community Engagement Plan breakout sessions from the December 12, 2024, Health System Re-Design (HSR) Subcommittee meeting.



Report Out from Small Group Discussions of Community Engagement Plan



Key Insights:

- **Engagement Methods:** Participants emphasized the importance of diverse methods such as focus groups, listening sessions, and one-on-one interviews. It was suggested that collaboration with trusted community organizations can enhance authenticity and build trust.
- **Barriers:** Participants identified transportation, childcare, meals, and gift cards were identified as critical supports to reduce participation barriers. Hosting sessions in familiar, accessible settings was also recommended.
- **Actionable Feedback:** There was broad support to revisit collected input with communities to validate findings. Establishing advisory boards or identifying community champions was suggested to sustain long-term engagement.
- **Additional Outreach:** Recommendations included engaging faith-based organizations, inpatient settings, Core Service Agencies, and advocacy groups to ensure comprehensive representation.
- **Other Considerations:** Participants highlighted the importance of integrated discussions addressing interconnected challenges (e.g., food, housing, and reentry). Ensuring accessible communication through simplified materials and multilingual outreach was emphasized.



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

- Discuss uncertainties around release dates and develop strategies for improved coordination

▶ Nutrition

- Continuum of nutrition services: meal programs, food packages, grocery benefits, nutrition counseling/education

▶ Housing

- Focus on respite programs with behavioral health services



Breakout Group Reminders

- ▶ **Breakout groups in the HSR subcommittee meetings help us to use time to reach our goals efficiently.**
 - Facilitate diving deeper into topic 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, 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.” A list of all available breakout sessions will then pop up.
- Click “join” next to the breakout session you want to join (Housing, Reentry, or Nutrition).



Note:

Slides 23-25 reflect a summary of participant breakout conversations from the December 12, 2024 Health System Re-Design (HSR) Subcommittee meeting.



Group 1 - Reentry

Report Out from Breakout Discussion



Key insights on discussion of release date predictability and post-release coordination:

- At the DC Jail, only a subset of release dates are predictable in advance. Even these more predictable dates are dependent on calculation of good time credits.
- Pre-release planning should begin upon intake/ as early as possible prior to release (at least 3-6 months).
- It is critical to provide structured post-release support to promote stability and reduce recidivism.
- Barriers to continuity post-release include staff turnover, communication challenges with halfway houses, and gaps in insurance coverage.
- Recommendations for post-release continuity include:
 - A clearer referral process from the Ready Center
 - A centralized list of community providers and stakeholders were recommended to improve coordination and facilitate service delivery
 - Establishing communication agreements with the Department of Corrections
 - Preparing essential items for release
 - Incorporating phased reentry models with advocacy training to support self-sufficiency



Group 2 - Nutrition

Report Out from Breakout Discussion



Key Insights:

- **Eligibility:** Participants suggested using diagnosed illnesses, activities of daily living (ADLs), and nutritional status to determine eligibility. A tiered model and the food as medicine pyramid were recommended to align services with individual needs.
- **Screening:** Participants suggested formalized criteria (e.g., cooking ability and refrigeration access) to improve service effectiveness.
- **Cost Considerations:** Participants emphasized evaluating cost differences between prepared meals and food packages or grocery benefits to ensure sustainability.
- **Duration:** Participants suggested allowing renewal of food benefits after initial 6-months based on assessed continued need.



Group 3 - Housing

Report Out from Breakout Discussion



Key Insights:

- **Eligibility:** Participants suggested prioritizing individuals needing housing, reentry support, substance abuse treatment, mental health services, or nutrition assistance, with a focus on women with children and those recovering from opioid addiction.
- **Duration:** A 60–90 day engagement period (e.g. education or employment training to support an easier transition to the community) was proposed during the transition from ASAM level 3.5 to 3.1 care, with a suggestion to develop a two-year support plan for ongoing stability.
- **Setting:** Participants suggested that supportive housing services integrate medical, mental health, and substance abuse services alongside temporary housing options to provide a holistic approach to care.
- **Other Considerations:** Participants suggested the use of discharge planning at program entry to guide care and reduce recidivism. Participants emphasized the need for more beds to support clients with co-occurring medical and behavioral health needs.



Public Announcements and Other Business

Notes on public announcements shared during this section:

- ▶ Full MCAC meeting is December 18, 2024 at 5:30pm via Webex.



Next Meeting

The next meeting will be January 9, 2025, 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



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



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