Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

April 10, 2025 | 2:00 PM – 4:00 PM ET

Agenda

- Welcome and Updates (10 minutes)
- HSR Chair's Discussion on Initial Recommendation Structure and Framework for MCAC (30 minutes)
- Presentation on Cross-Cutting HRSN Topics (20 minutes)
- HRSN Screening Referral and Authorization Breakouts (40 minutes)
- Report Out from Breakout Groups (15 minutes)
- Public Announcements, Other Business, and Next Meeting (5 minutes)

DHCF Standing Updates

CMS News/ Updates:

- No updates since March HSR meeting. DC's 1115 renewal application still pending approval with CMS.

Enhanced Community Engagement Updates:

- Participants engaged so far have highlighted challenges with having appropriate contact information for referrals, long processing times for housing services, and challenges with sustainability
- 28 community engagement meetings held; 8 on-site meetings scheduled (10 in process)

1115 Whole Person Care Learning Collaborative Updates:

- March presentation focused on shared technology solutions to support HRSN and reentry services.
- April will be the first month where the group splits into housing, reentry, and nutrition tracks.

Advancing HSR Discussions/Feedback into Recommendations: Next Steps

- **HSR subcommittee goal**:
  - Inform the policy development and implementation of 1115 waiver renewal services
  - Since early fall 2024, HSR has been obtaining input on proposed services under 3 domains: housing, nutrition, reentry

- **Formal recommendations**:
  - HSR subcommittee submitting formal recommendations to the DC Medical Care Advisory Committee (MCAC) at the June Meeting.

- **Formal recommendations serve multiple goals:**
  - Codify and share the perspectives of the subcommittee and its members for MCAC and DHCF consideration
  - Creates a foundation for future discussions addressing how and to what extent recommendations were incorporated into waiver implementation

- **More opportunities beyond June meeting to provide recommendations:**
  - Intend to submit additional recommendations as we continue our work

Overarching Recommendation Structure and Framework for MCAC

- MCAC is returning to a previously standardized Sub-Committee proposal/recommendation structure that includes three key elements.
  - **Abstract** *(~100 words)*
  - **Proposal** *(~1,000 words)*
  - **Supporting Documentation** *(1-5 documents/references)*
- Based on this structure and elements, providing a draft option for HSR consideration and feedback

Subcommittee's Feedback on Recommendation Structure to Inform Final Framework and Drafting

- Propose the HSR draft **four recommendation forms** for adoption by the MCAC during June meeting:
  - Reentry
  - Housing
  - Nutrition
  - Cross-Cutting 1115 waiver implementation considerations (as available, more recommendations in this area may be presented at a later MCAC meeting)

- The "**proposal**" section for each form/domain area would include **3-5 key consensus points** drawn from the respective domain breakout's work over the last 6+ months

- The "**Supporting Documentation**" section would include either the **completed services framework** for the domain or associated documentation from subcommittee meetings addressing cross-cutting topics

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

Timeline

- **May and June HSR meetings:**
  - Develop the consensus points for each domain group
  - Address any questions on final framework documents
  - Review the final recommendations before submission to the full MCAC
- **In between HSR meetings:**
  - Have discrete meetings in certain domain areas to finalize framework documents
  - Review final framework documents
- **By June 18:**
  - HSR chair submits the 4 recommendation proposal documents to MCAC liaison
- **Full MCAC meeting – June 25:**
  - Present 4 recommendation proposals to MCAC for adoption

Questions for Discussion

- Will this format and structure allow HSR to effectively communicate our work with the full MCAC (e.g. 4 separate recommendation documents considered by the MCAC at the same time)? If no, are there recommended modifications or alternatives?
- Should there be consistency in the key consensus points across domain groups, or should each domain group structure these key consensus points independently?
- How can the HSR subcommittee ensure that DHCF reports back to the MCAC to indicate how recommendations were considered and incorporated (or not incorporated) into 1115 waiver implementation?

Feedback and Suggestions on Full MCAC Recommendations

Notes from discussion:

- One participant noted that some suggestions could be made to the full MCAC/DHCF now and may not need to wait for the 1115 waiver approval.
- Several participants noted that it would be helpful to have some way that people can weigh in across the different domains, including the domains they may not have engaged directly in breakouts.
- Participants suggested that consensus points that don't make the "top 3-5" list should be represented in other places in the recommendation. All of the information that has been provided/discussed should make it into the recommendation that goes up to the full MCAC (e.g. through the supporting attachments documents).
- A participant raised questions around how agenda setting will be done for this group moving forward. The HSR subcommittee chair noted that generally the next few meetings will be dedicated to finalizing the recommendations for the full MCAC.

Revisiting Cross-Cutting Topics

- Now that we have gathered subcommittee feedback across domain area services, we are shifting breakout topics to address topics that cut across all three domains

- The HSR will leverage random breakouts (discussion groups made up of individuals of all domain groups) to discuss the following topics in upcoming meetings:
  - **HRSN screening and referral**
  - HRSN case management

- Today's breakout will focus on gathering HSR subcommittee feedback on the implementation of HRSN screening and referral to facilitate a systematic process to identify and address the HRSN's of individuals through 1115 waiver services

Though these cross-cutting topics fall under the HRSN portion of the waiver, reentry waiver services emphasize connection to post-release HRSN services, and returning citizens have significant HRSN needs.

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

Breakouts Will Use the Following Questions to Gather HSR Subcommittee Feedback on HRSN Screening and Referral

- How are you conducting social needs screening and referrals currently (or how have you seen them conducted)?
  - What tools are you using/ do you see being used?
  - What workflows are you using/ do you see being used for HRSN screening and referral?
  - What can we learn from current HRSN screening and referral practices
- What tool(s) should be used to conduct social needs screening? (e.g. should the district coalesce around a single screening tool?)
- What entity (entities) should administer the screening?
- How should we ensure accountability for closing the loop? What role do different system actors need to play in order to ensure this is accomplished?

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

In the Randomly Assigned Breakouts, All Groups Will Discuss HRSN Screening and Referral

- The **current landscape** of HRSN screening and referral in the District
- The **alignment** of HRSN screening tools
- The **roles and responsibilities** of organizations involved in HRSN screening and referral, including closing the loop

- **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*

Group 1
Report Out from Breakout Discussion

All breakout groups reviewed the current system practices and shared reflections on tools, coordination needs, and opportunities to strengthen social needs screening and referral processes across the District.

- The group discussed the importance of trust in the screening process, noting that individuals are more likely to share sensitive information when screeners have built rapport and credibility.
- Participants shared that data sharing remains a challenge. Participants suggested that there is a need for integrated systems or shared access points so that multiple providers or organizations can view relevant screening information and reduce duplication.
- Participants noted that commonly used screening tools include PRAPARE, Accountable Health Communities (AHC), and internally developed solutions housed on platforms like Salesforce.
- Participants expressed concern about the difficulty individuals face navigating the health and social service system—particularly related to obtaining authorizations and understanding processes.

Group 2
Report Out from Breakout Discussion

All breakout groups reviewed the current system practices and shared reflections on tools, coordination needs, and opportunities to strengthen social needs screening and referral processes across the District.

- Participants noted that a variety of screening tools are currently in use, including PRAPARE and AHC. While tool selection often varies by organization, there was interest in exploring shared approaches to support alignment and interoperability.
- Participants discussed the importance of timing and frequency in screening practices. It was suggested that social needs, such as housing, can shift rapidly and may emerge at irregular intervals, making it important to remain flexible without over screening.
- Participants discussed the importance of ensuring that screening efforts lead to connection with services. Several participants shared that identifying a need is only the first step, and follow-up support is critical to ensure that needs are addressed.
- Participants highlighted the role of documentation and data access, suggesting that shared visibility across care teams could support more coordinated responses and help reduce duplication.
- Participants noted that some health plans are increasingly engaging in social needs screening efforts, and noted emerging accountability frameworks such as HEDIS that may support continued investment in this area.

Group 3
Report Out from Breakout Discussion

All breakout groups reviewed the current system practices and shared reflections on tools, coordination needs, and opportunities to strengthen social needs screening and referral processes across the District.

- Participants noted that multiple types of referral software are currently in use, including LinkU. Participants suggested that increasing awareness of these tools and ensuring broader adoption could help improve systemwide coordination.
- Participants highlighted the importance of using accurate and up-to-date information when making referrals. Ensuring that systems reflect the most current data was highlighted as essential for supporting timely and effective connections.
- Participants mentioned CRISP as a valuable tool that could be leveraged further to support data exchange and strengthen information-sharing across providers and sectors.
- Participants discussed the importance of shared visibility in services that have already been accessed and screenings that have been completed. This was seen as a strategy to support alignment, reduce duplication, and avoid unnecessary burden on individuals.
- Participants suggested that building in system-level supports—such as reminders, case reviews, or follow-up workflows—could improve loop closure and ensure that individuals receive the full benefit of available services.

Working Towards Full MCAC Recommendations

- This month, we discussed the structure to present recommendations to the full MCAC and began discussing cross-cutting topics

- **May 8:**
  - Wellcentric presentation on community engagement efforts
  - Discussion on cross-cutting topics – technical tools to support HRSN screening and referral; HRSN case management
  - Recommendation development

- **June 12:**
  - Review and finalize domain-specific recommendations
  - Review and finalize cross-cutting recommendations

- **Full MCAC Meeting – June 25, 2025**
  - Present recommendations to the MCAC for a vote

Public Announcements and Other Business

- DHCF's Maternal Health Advisory Group is re-convening (virtually) starting on April 15, meeting, at 11am. The group will meet monthly every third Tuesday from 11am-12pm.

- DHCF's HIE Policy board will meet (virtually) from 3-5pm on April 24, 2025. if you would like to join this meeting please email dchie@dc.gov

Next Meeting

The next meeting will be May 8, 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

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