Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

June 12, 2025 | 2:00 PM – 4:00 PM ET

Agenda

- Welcome and Updates (10 minutes)
- Cross-Cutting Recommendations Discussion (30 minutes)
- Nutrition, Housing, and Reentry Recommendations Discussion via Domain Breakouts (45-60 minutes)
- Report Out from Breakout Groups (15 minutes)
- Public Announcements, Other Business, and Next Meeting (5 minutes)

DHCF Standing Updates

CMS News/ Updates:

- DC's 1115 renewal application still pending approval with CMS. CMS issued another temporary extension on June 10 to continue negotiations on our submitted renewal application. Demonstration authority now expires December 31, 2025.

1115 Whole Person Care Learning Collaborative Updates:

- May had group sessions on how to derive the most value from the individualized TA plans and collaborative discussions to share peer-to-peer learning.
- June's track-specific group learning sessions will focus on Medicaid payment models and management.
- Participants should look out for more information soon about a close-out in-person session we are planning for July 29.

Enhanced Community Engagement Updates:

- 14 on-site sessions (stakeholders) to date
- 157 Medicaid beneficiaries in attendance to date
- An additional 6 pending sessions

Structure for Recommendations to Full MCAC and Updated Timeline

- As we approach the July full MCAC meeting, the HSR subcommittee plans to submit **four formal recommendations***:
  - Reentry
  - Housing
  - Nutrition
  - Cross-cutting 1115 waiver implementation considerations (as available, more recommendations in this area may be presented at a later MCAC meeting)

Each recommendation should include:	**Friendly Reminders-Timeline:**
➢ Abstract: Approximately 100-word summary. ➢ Proposal: Section with 3 to 5 consensus-based recommendations from breakout discussions. ➢ Supporting Documentation: Completed service frameworks from prior breakout discussions.	➢ **June and July HSR meetings** ▪ Finalize consensus recommendations and resolve any framework questions ➢ **By July 23** ▪ Submit all four recommendation forms to the full MCAC liaison ➢ **July 30 Full MCAC meeting** ▪ Present finalized recommendations for MCAC adoption

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

Potential Cross-Cutting Themes & Recommendations* Discussion

- Ideas for consideration based on cross-review of domain services frameworks:
  - Clarity of purpose, goal, and outcome
  - Comprehensive and high-quality care coordination & service navigation
  - Screening/ Referral
  - Technology
  - Utilize assessments to guide decision-making and meet needs
  - Integration of peer workforce
  - Others?

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Potential Cross-Cutting Themes & Recommendations* – Continued

Clarity of purpose, goal, and outcome

- Comments suggest that further clarity and articulation of goals, purpose, and outcomes of services is important
- What are we intending to solve?
- Examples:
  - Are we focused on prevention or early intervention (e.g., prevention strategies re: nutrition, addressing risk factors early such as for children at at risk for diet-related conditions)?
  - Are we prioritizing conditions where support can have the greatest measurable impact?
  - Benefits across the service domains may be integral to achieve improved outcomes
- Particular implications for eligibility

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Potential Cross-Cutting Themes & Recommendations* – Continued

- **Comprehensive and high-quality care coordination & service navigation**
  - Care coordination across health (physical and behavioral health) and social needs is necessary and must be provided by well-trained staff
  - Many beneficiaries will have intersecting needs and eligibilities within and across housing, nutrition and reentry, as well as other relevant/complementary benefits outside of waiver services
  - Provision of both inter-domain and intra-domain care coordination
  - Ensuring proper coordination can also help to prevent/reduce inefficiencies and service duplication
  - What other information do we need to make a specific and actionable recommendation?
    - Consider presentation on other states' waiver approaches to case management, outreach, and education?

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Potential Cross-Cutting Themes & Recommendations* – Continued

Screening and Referral

- Interest in exploring shared approaches to screening tools to support alignment/interoperability
- Data sharing a challenge. Need for integrated systems or shared access points so that multiple providers or organizations can view relevant screening information and reduce duplication.
- Importance of timing and frequency in screening practices. Remain flexible without over screening, as social needs can shift rapidly.
- Consider leveraging current tools, such as LinkU and CRISP
- Screening leads to connection with services
- Is this an area for further conversation?

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Potential Cross-Cutting Themes & Recommendations* – Continued

Technology

- Connecting and integrating technology/software systems across services to improve visibility and coordination between different sectors
- Role of technology in facilitating access or solutions (telehealth, SMS-based tech)
- Care coordination could be strengthened with CRISP/HIE to support better connection of health and housing or other HRSN supports
- What additional information or discussions would be beneficial?

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Potential Cross-Cutting Themes & Recommendations* – Continued

- **Utilize assessments to guide decision-making and meet needs**
  - Across domains, the importance of comprehensive assessments, often at multiple time points, was elevated by participants

- **Integration of peer workforce**
  - Value of peer and paraprofessional workforce was noted across the domain areas
  - All domain areas are contemplating recommendations that emphasize peers and/or paraprofessionals
  - Are cross-cutting recommendations in this area beneficial and/or necessary? Keep at domain-specific level?

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Discussion Questions

- Do any of these recommendations stand out for presentation to MCAC in July?
- Are there any to remove?
- Which ones should we continue discussing?
  - Do we need additional information, time for discussion or presentations on best practices, other state implementation, etc.?

Notes from Cross-Cutting Recommendations Discussion

Key Insights: The group reviewed cross-cutting themes to identify shared priorities across domains and for the 1115 waiver renewal overall.

- **Clarity of Purpose, Goal, and Outcome:** Participants discussed the need for DHCF to clearly define goals and priorities. It was suggested that prioritizing preventative services, especially for children, would improve outcomes. Questions were raised about alignment with the current federal administration's focus.
- **Care Coordination and Navigation:** Participants emphasized the need for trained staff and clear referral pathways. It was suggested that a single source of information and defined roles would strengthen coordination. Opportunities to use aggregate data and explore integrated care models were discussed.
- **Screening and Referral:** It was recommended that screening tools be aligned across domains. Participants noted this could simplify referrals and improve access. Interoperability for sensitive health data was emphasized, with CRISP named as a helpful tool.
- **Use of Assessments:** Participants discussed using standardized assessments to guide care decisions and ensure consistency.
- **Integration of Peer Workforce:** The group discussed strategies to strengthen peer support, including addressing training needs, clarifying facility access, and ensuring inclusive definitions. Burnout prevention and peer role sustainability were also noted as priority areas.

Note: The views and opinions reflected on this slide are those of the participants for the June 12, 2025 HSR Subcommittee meeting.

Nutrition, Housing, and Reentry Domain Breakouts

- Nutrition
  - Review draft recommendations document*
- Housing
  - Review draft recommendations document*
- Reentry
  - Review draft recommendations document*

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Draft Recommendations* for Discussion

Nutrition

- Provide clarity of services and eligibility to enhance accessibility
- Ensure individual navigation and comprehensive screening support
- Align new benefits with existing services
- Design flexible models to support varied participant needs
- Additional potential recommendations for consideration

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Draft Recommendations* for Discussion

Housing

- Allow flexibility in housing support staffing models
- Bundle essential stabilization supports at the point of placement
- Conduct in-home assessments to ensure safety and suitability
- Additional potential recommendations for consideration

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Draft Recommendations* for Discussion

Reentry

- Ensure immediate and reliable access to medications upon release
- Implement targeted outreach and pre-release education to improve service continuity
- Promote patient self-determination and health literacy
- Additional potential recommendations for consideration

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Domain Breakout Questions

- Overall reaction to recommendations:
  - Do you agree with any or all of these recommendations?
  - What resonates? What does not?
  - Is there a recommendation(s) missing?

- Please review each recommendation for the following:
  - High-level, conceptual agreement, accuracy, or disagreement
  - Clarity and specificity
  - Suggested word/phrasing changes

- Other recommendation suggestions

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
- Staff will facilitate conversation, keep time, take notes during conversations, 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.
- For either method, you can then click "Show all breakout sessions" and then click "Join" next to the breakout of interest (housing, nutrition, reentry).

***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 – Nutrition
Report Out from Breakout Discussion

Key Insights:

The nutrition breakout group discussed the proposed updates to the service framework and shared reflections on ways to improve clarity, preserve participant choice, and support access to services based on individual needs.

- Participants discussed the need for clear and well-defined eligibility criteria, noting that clarity helps individuals understand what nutrition services are available to them.
- The group highlighted the importance of meeting individuals where they are and ensuring that participants have the ability to choose the type of nutrition support that best meets their needs.
- Participants noted that eligibility requirements should be specific and targeted, rather than overly broad, to maintain focus and ensure appropriate access.
- The group discussed the potential to extend services based on medical necessity and demonstrated individual improvement, as part of a more tailored approach to nutrition support.

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Group 2 – Housing
Report Out from Breakout Discussion

Key Insights:

The housing breakout group discussed opportunities to strengthen clarity and system coordination across programs. Participants shared insights on improving technology integration, defining participant eligibility, and ensuring crisis-related needs are captured appropriately.

- Participants discussed the need for technology systems to support interoperability, ensuring that critical information is consistently captured across programs for individuals receiving services.
- The group highlighted the importance of capturing crisis situations within service eligibility criteria, particularly for individuals who may qualify for housing supports through a waiver.
- Participants recommended clarifying the duration or allowable timeframe for using housing-related benefits, and suggested this information be clearly included in service recommendations.
- The group also raised questions about eligibility alignment, including clarification on which individuals can participate in certain waivers (e.g., whether individuals enrolled in 1915(i) can also access services under the 1115 demonstration).

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Group 3 – Reentry
Report Out from Breakout Discussion

Key Insights:

The reentry breakout group reviewed proposed service recommendations and explored how assessments, design principles, and interagency coordination could strengthen reentry supports. The group aligned on several core recommendations and highlighted additional considerations for cross-cutting application.

- Participants reached general agreement on three in-depth recommendations detailed in the meeting notes, including key strategies to support continuity of care and post-release engagement.
- The group discussed four additional recommendations and agreed to include two of them in the final recommendations to the full MCAC:
  - The first was on rooting service provision in comprehensive assessments and ensuring services are developmentally appropriate for diverse populations.
  - Participants also discussed the need for a cross-agency accountability framework to ensure reentry care is consistent and coordinated and wanted to elevate the recommendation for inclusion in the final version sent to the full MCAC. Participants also discussed how assessments could play a key role in establishing shared responsibility.
- The group recommended considering an assessment tool that extends beyond reentry to apply across all domains, positioning it as part of a broader cross-cutting recommendation to support consistency in service delivery and evaluation.

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Public Announcements and Other Business

Notes on information shared during meeting:

- MedStar Family Choice starting a nutrition pilot in August – meals to BH clinics to support outpatient participation and enrollee appointments.

Next Meeting

- **The next meeting will be July 17, 2025, 2-4pm.**
  - Proposed agenda includes:
    - Finalize domain-specific recommendations to send to full MCAC
    - Finalized any cross-cutting recommendations to send to full MCAC

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