



# Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

July 22, 2024 | 1:00 PM – 3:00 PM ET



# Agenda

- ▶ Welcome and introductions
- ▶ Level-setting on the 1115 waiver and community engagement
- ▶ Setting norms and expectations of HSR subcommittee
- ▶ Discussion breakouts & read-out
- ▶ Public announcements and other business
- ▶ Next meeting and opportunities for staying connected



# DHCF Submitted the Whole-Person Care Transformation 1115 Waiver Renewal Application to CMS on June 6, 2024



DHCF's waiver renewal application included authority requests across three domains:

## Continue Current Behavioral Health Transformation Waiver Services:

- IMD services (fully carving-in payment to MCPs)
- MAT co-pay removal

## Justice-Involved Reentry:

- Enrollment support
- 90-day pre-release services
- Reentry infrastructure

## Health Related Social Needs (HRSN) Services:

- **Housing**
- **Nutrition**
- HRSN case management, outreach, and education
- HRSN Infrastructure

# The Waiver Submission Requests Authority for Services up to 90-days Pre-Release From District Secure Detention Facilities



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:

- Correctional 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 Includes the Full Authority Available Within CMS HRSN Parameters



## 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

# 18 Months of Community Engagement Leading up to a Targeted January 2026 Launch of New 1115 Waiver Services



<p><b>Calendar Year (CY) 2024</b> Demo Year 5 (Current Waiver)</p>	<p><b>CY 2025</b> Demo Year 6 (Expected Waiver Renewal) <i>No new services – planning year</i></p>	<p><b>CY 2026</b> Demo Year 7 <i>Services Launch</i></p>
<p><b>Fiscal Year (FY) 2024</b></p>	<p><b>FY 2025</b></p>	<p><b>FY 2026</b></p>

The Health System Redesign (HSR) Subcommittee of the MCAC will serve as the forum for focused community engagement on the 1115 Renewal, with periodic updates to the full MCAC.

- ▶ **HSR Meetings are public and open to anyone**
- ▶ The first 18 months of community engagement will be organized into three 6-month phases:
  - Pre-approval level-setting
  - Implementation planning for new services
  - Provider and system implementation readiness



# Health System Redesign (HSR) Subcommittee Meetings Will Be Used to Solicit Community Input and Prepare for Implementation



<b>Pre-Approval <u>Level-Setting</u></b> <i>June – November 2024</i>	<b>Implementation <u>Planning For New Services</u></b> <i>December 2024 – June 2025</i>	<b>Provider and System <u>Implementation Readiness</u></b> <i>June – December 2025</i>
<ul style="list-style-type: none"><li>▶ Implementation examples from other states</li><li>▶ Level-setting on waiver authority, structure, and services</li><li>▶ Best practice guidance on implementation of new services</li><li>▶ Key infrastructure needs across the District Landscape</li></ul>	<ul style="list-style-type: none"><li>▶ Focused discussions to obtain community input across waiver implementation areas including:<ul style="list-style-type: none"><li>– Service definitions</li><li>– Delivery system</li><li>– Providers</li><li>– Beneficiary eligibility</li><li>– Referral systems</li></ul></li></ul>	<ul style="list-style-type: none"><li>▶ Support readiness for the go-live of new services including sessions on:<ul style="list-style-type: none"><li>– Provider enrollment</li><li>– Operational readiness (billing, documentation, etc.)</li><li>– Determining beneficiary eligibility</li></ul></li></ul>



# Monthly HSR Subcommittee Meeting Cadence for 1115 Waiver Planning



## HSR Subcommittee Meeting Structure

Meetings will be supplemented with pre- and post-meeting work

**Focus:** Distinct topic area of focus for each month

*Examples – service definitions, delivery system, eligibility*

### Part 1:

- Overview topic
- Case studies, implementation examples, best practices
- Cross-cutting conversations across topic area

### Part 2:

- Break out into domain groups (i.e. **BH**, **reentry**, **housing**, **nutrition**) for working session
- Domain group-based expert presentations and Q&A
- Regroup to summarize takeaways

## Proposed Meeting Schedule

▶ First HSR meeting: July 22, 2024 from 1pm to 3pm

▶ Beginning August 2024, monthly meetings on second Thursday of the month from 2-4pm:

- August 8, 2024
- September 12, 2024
- October 10, 2024
- November 14, 2024
- December 12, 2024

**Email [DHCF.WaiverInitiative@dc.gov](mailto:DHCF.WaiverInitiative@dc.gov) to be added to 1115 listserv and receive HSR meeting invites.**





# 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 Chair – leads the subcommittee, facilitates conversation
  - DHCF – provides staff support for committee operation, subject matter expertise in 1115 waiver and services, implements waiver. **DHCF staff will support a continued feedback loop between the subcommittee and agency decision-making processes**
  - Subcommittee participants – inform policy development and implementation guidance. Bring best practices, lived experiences, and additional critical expertise
  
- ▶ **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
  - *(we will continue to brainstorm additional goals/ define what success looks like during breakout discussions later on in the meeting)*



# Setting Norms and Expectations for the HSR Subcommittee (continued)



**The HSR Subcommittee is an *open group* – all are welcome, and anyone can join at any time.**

**To ensure transparency:**

- ▶ Meeting presentations and notes will be shared with all attendees
  - ▶ We will share norms and expectations with the group
  - ▶ We will revisit group norms and structure periodically (3-6 months) to ensure they are working for the group, and provide opportunities to improve processes
  - ▶ DHCF staff will communicate back with the subcommittee to ensure participants understand how the subcommittee’s work informs decision-making
- ▶ Meeting logistics and etiquette:
    - We will record meetings for note-taking/ administrative purposes, however meeting recordings will not be shared
    - During presentations, please raise your hand, or type your questions in the chat
    - During large and small group discussions, be mindful of the length of your comments to ensure others have time and space to share
    - Make sure to speak in plain language, and define any acronyms or “jargon” when you use them
  - ▶ If you are unable to join a meeting/ need other avenues to provide feedback:
    - Meetings are an important way to facilitate community conversations and we encourage all participants to join, however for individuals who are not able to join or need other avenues to share input, we welcome your feedback at [dhcf.waiverinitiative@dc.gov](mailto:dhcf.waiverinitiative@dc.gov)
  - ▶ Incorporating lived experience/ context experts into community engagement is critical for ensuring waiver implementation is responsive to the expertise of those most impacted by services
    - We welcome the subcommittee’s input on the best way to incorporate this perspective (open to input on how/where that makes the most sense. . . May or may not be this forum specifically)

# Breakout Groups Will Facilitate Smaller Group Conversations and Topic Specific Learning In the HSR Subcommittee



- ▶ **Breakout groups will be an important component of HSR subcommittee meetings moving forward to efficiently use time to reach our goals.**
  - Smaller discussions give the opportunity to dive deeper into topics areas, have more people involved in conversation, allow for a freer flow of ideas, and facilitate the development of cross-organizational relationships
  - In order to facilitate community building, 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
  
- ▶ **Instructions for today’s breakout groups:**
  - Click to “join” when the option pops up on the screen to join your assigned breakout room. If you have any issues, please message the DHCF staff Webex hosts
  - Assign 1 person from your breakout to report back to the larger group about your discussion
  - *Reminder – introduce yourself and turn your camera on!*



## Questions for Today's Breakout Group Discussion

- ▶ What does successful 1115 waiver community engagement look like to you?
  - **Consider:** I feel like my time and expertise are being well utilized if \_\_\_\_\_
  
- ▶ What examples and/or best practices from other states, organizations, or entities should DHCF consider in its 1115 waiver community engagement, infrastructure development, and implementation activities?
  - **Consider:** What have you seen from other jurisdictions that has worked well? What have you seen from other jurisdictions that has not worked well that DC can learn from?
  - **Consider:** If you aren't familiar with other examples, how does the 1115 waiver align with the services your currently provide, access, or support DC residents in accessing? What barriers might you face with services being provided under the 1115 waiver?
  
- ▶ Looking around the virtual room today, do you feel that any person(s) or organization(s) are missing? Do you have suggestions for reaching out to groups not previously participating in the HSR subcommittee to ensure DHCF is using the full capacity of the interested community?
  - **Reminder:** The HSR Subcommittee is public and open to anyone.



# Group 1

## Report Out from Breakout Discussion



- ▶ **Question 1:** Materials sent in advance so there can be time to reflect and offer feedback (48 hours); Share options and pros and cons from agency so community can weigh in on decision making and unintended consequences; Subcommittee work towards recommendations; DHCF share where and how recommendations are incorporated (or not) with feedback.
- ▶ **Question 2:** North Carolina healthy opportunities pilots as example; Contracting with MCPs is difficult for small CBOs and requires significant bandwidth – support needed; Complex funding/ service structures and credentialing requirements can make it difficult to provide services sustainably; Important to identify the metrics and outcomes that we are working towards, not just the services implemented; Any access, capacity, and quality issues pre-waiver will also remain post-waiver if we are not thoughtful about addressing; Cross-agency collaboration is critical.
- ▶ **Question 3:** Incorporating individuals with lived experience from each of the service areas into community engagement structure critical; CRISP DC at the table; Front-line provider perspective (including ED); Peer support workers.



## Group 2

# Report Out from Breakout Discussion



- ▶ **Question 1:** Taking advantage of the experts we have to better define and plan, having a voice across the whole community, especially those with lived experience, like those who have re-entered, finding the correct forum for them to engage.
- ▶ **Question 2:** Look at existing programs but making sure they are technologically advanced; Look at North Carolina for HRSN; Look at the Transitions Clinic Network for re-entry; Make sure we have enough time to implement, January 2026 will be here quickly; Look to LA County in California as Medicaid services in shelters.
- ▶ **Question 3:** Reach out to organizations that have experience providing integrated care for youth and families with complex needs, especially those not served through child welfare system.



# Group 3

## Report Out from Breakout Discussion



- ▶ **Question 1:** Need for development of measurable target outcomes and success metrics; A "360 approach" to soliciting feedback, including often unrecognized stakeholders with sensitivity to lived experience; Sharing of implementation best practices and TA; Human centered design testing and focus groups.
- ▶ **Question 2:** North Carolina for HRSN services; Maryland for targeted case management; New Jersey; Georgia for mental/behavioral health certification and services; Remembering to balance DC's unique climate with other state-based examples.
- ▶ **Question 3:** Providing timely "asks" through one pagers, etc. for HSR Subcommittee participants to take back to their communities for feedback in advance of meetings; What sort of supports are needed for non-traditional folks to participate/be engaged?



## Public Announcements and Other Business

*Notes on public announcements shared during this section:*

- ▶ *Live.Long.DC Summit on Wednesday July 31, 1-4 pm at DBH training institute – Register here*  
<https://docs.google.com/forms/d/e/1FAIpQLScA1UCzyUISlg2UiNBkhEh5s1Cl5zv32B6BEsNHDDDBVBp0azg/viewform?pli=1>
- ▶ *GW Funders on Accountable Health (webinars w/ speakers from other states) -*  
<https://accountablehealth.gwu.edu/webinars>





# Get Involved and Make Sure You're Getting Updates

The next meeting will be Thursday, August 8, 2-4pm – we look forward to seeing you all there!

- ▶ Refer someone – are there people who you think we should reach out to?
  - ▶ Are you on the email list to receive updates on the 1115 waiver?

Email [DHCF.WaiverInitiative@dc.gov](mailto:DHCF.WaiverInitiative@dc.gov) and we will add you to the list and/or outreach to any referred stakeholders.