Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

July 17, 2025 | 2:00 PM – 4:00 PM ET

Agenda

- Welcome and Updates (10 minutes)
- Final Review of Housing, Nutrition, and Reentry Recommendations for full MCAC (50 minutes)
- Preview of HSR Meeting Schedule and Content for Remainder of CY2025 and Continued Discussion to Inform Cross-Cutting Recommendations (45 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:

- June's track-specific group learning sessions focused on Medicaid payment models and management.
- Participants have been invited to a close-out in-person session on July 29. As part of the commitment to the Learning Collaborative, we're asking that each participating organization send at least one representative to the event, and we encourage additional team members to attend as well.
- Please contact support@integratedcaredc.com with any questions.

Enhanced Community Engagement Updates:

- 15 in-person feedback sessions conducted to date
- 187 Medicaid beneficiaries provided feedback to date
- 1 in-person feedback session pending scheduling
- XX
- XX

Reminder – Structure and Timeline for Recommendations to MCAC

- The HSR subcommittee will submit **three formal recommendations***:
  - Reentry
  - Housing
  - Nutrition

Each recommendation includes:	**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.	➢ **July 17 HSR meeting (TODAY)** ▪ Finalize recommendations and resolve any framework questions ➢ **By July 23** ▪ Submit three recommendation forms to the MCAC liaison ➢ **July 30 Full MCAC meeting** ▪ HSR Chair present finalized recommendations for MCAC adoption

- Cross-Cutting Recommendations: Intend to have further discussion of cross-cutting recommendations in the fall for finalization and presentation for adoption at the December Full MCAC meeting.

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

Final Recommendations: Housing, Nutrition, and Reentry

- Reflect 3-5 consensus recommendations based on HSR meetings, breakout discussions, and service frameworks
- Relevant discussion from June HSR meeting incorporated into compiled service framework document, as applicable. Compiled service framework will be included as appendix to three recommendation documents that are presented to full MCAC.
- **TODAY**: Opportunity for entire subcommittee to review and approve recommendations across all domains
- Housing and Nutrition:
  - Agreed to recommendations presented at June meeting
  - Nutrition: HSR Subcommittee Chair recommends modifications to recommendation on clarity of services/eligibility
  - Did not advance additional recommendations at this time
- Reentry:
  - Agreed to recommendations presented at June meeting
  - Adopted two additional recommendations proposed at June meeting

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

Housing Recommendations*

Recommendation 1: Permit Flexible Staffing Models for Housing Support Services

Recommendation 2: Bundle Essential Stabilization Supports at the Point of Placement

Recommendation 3: Require In-Home Post-Placement Assessments

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

Housing Recommendation 1*

Permit Flexible Staffing Models for Housing Support Services

Allow housing navigation and stabilization services to be delivered by trained peers, recovery coaches, and other community-based staff. Avoid administratively burdensome requirements or restricting staffing solely to licensed professionals.

Rationale: Stakeholders emphasized that peer workers and community-based, non-licensed staff play a critical role in engaging individuals who may not trust or respond to traditional providers. Flexible staffing models support culturally responsive and population-specific care, improve access in underserved communities, and allow the housing support workforce to scale in response to demand.

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Housing Recommendation 2*

Bundle Essential Stabilization Supports at the Point of Placement

Pair housing placements with bundled stabilization supports, including rental assistance, utility deposits, food access, household goods, and other basic needs. Bundled supports at point of placement are beneficial for individuals transitioning from institutional settings, homelessness, or incarceration.

Rationale: Stakeholders highlighted that stable housing requires more than a physical residence. Without bundled supports, individuals face heightened risks of eviction, food insecurity, and disengagement from health services. Including these supports as a standard part of housing placement improves retention and promotes health engagement during the critical transition period.

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Housing Recommendation 3*

Require In-Home Post-Placement Assessments

Require post-placement in-home assessments conducted by clinicians, occupational therapists, or trained assessors to evaluate safety, environmental suitability, and health risks. Integrate follow-up assessments as a standard component of housing support.

Rationale: Stakeholders emphasized that ensuring that housing is safe, accessible, and aligned with an individual's needs is essential to long-term housing stability—especially for older adults and persons with disabilities. Assessments can proactively identify risks such as fall hazards, asthma triggers, or inadequate accessibility, allowing for timely interventions and, if needed, relocation to more appropriate housing. Further follow-up assessments further reduce risk and enhance stability.

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Nutrition Recommendations*

Recommendation 1: Provide Clarity of Services and Eligibility to Enhance Accessibility

Recommendation 2: Integrate Navigation and Screening Supports

Recommendation 3: Align Nutrition Benefits with Existing Programs to Streamline Access

Recommendation 4: Offer Flexible Service Delivery Models to Meet Diverse Needs

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

Nutrition Recommendation 1*

Provide Clarity of Services and Eligibility to Enhance Accessibility

Develop clear and accessible definitions of nutrition services and eligibility criteria. Distinguishing between medically necessary services (e.g., for chronic disease management) and social nutrition supports (e.g., food insecurity due to caregiving or housing instability) is important. Definitions should be simple and widely communicated to both providers and beneficiaries. Final guidance should also include practical and specific examples to support consistent implementation across Managed Care Plans and service providers.

Rationale: Stakeholders noted that unclear eligibility guidance and service definitions descriptions create barriers to access. Inconsistent interpretation and implementation can restrict access or delay care. Applying a functional lens to eligibility criteria is important, especially for children. In pediatrics, medical and social needs often overlap and the underlying cause can be difficult to ascertain.

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Nutrition Recommendation 2*

Ensure Individual Navigation and Comprehensive Screening Support

Implement individualized navigation support to assist with screening for social determinants of health, aiding with enrollment, guiding nutrition benefit selection, and connecting individuals to wraparound services (e.g., cooking tools or food storage access). Further infrastructure may be necessary to adequately implement comprehensive screening and navigation.

Rationale: Stakeholders emphasized that clear screening, strong navigation, and warm handoffs are critical to improving access, continuity of care, sustained engagement, and maximizing effectiveness of benefits.

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Nutrition Recommendation 3*

Align Nutrition Benefits with Existing Services

Ensure that new nutrition services under the 1115 waiver are aligned and/or complementary with existing Medicare/Medicaid benefits, other programs, and community services to reduce confusion and avoid duplication—particularly for dual-eligible or medically complex participants. Integrated coordination and cross-agency data use (e.g., CRISP) can help to ensure participants receive the most appropriate, non-duplicative benefit. Guard against unintended consequences of service exclusions during eligibility design to ensure individuals who are eligible for multiple programs do not inadvertently lose access.

Rationale: Stakeholders emphasized that individuals may already access services through SNAP, WIC, or Medicare-funded home-delivered meals. This highlights the importance of coordination and intentional benefit design.

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Nutrition Recommendation 4*

Design Flexible Service Models to Meet Diverse Needs

Offer multiple and flexible delivery formats—including grocery cards, home-delivered meals, and food pickup. Provide technology-based nutrition education and food access, such as through telehealth, text messaging-based counseling, or app-based grocery ordering.

Rationale: Multi-modal delivery and flexibility accommodate changing participant needs, functional status, cooking capacity, and/or cultural preferences. These principles also allow for transitions (e.g., post-surgical meals transitioning to grocery assistance) and promote long-term engagement and sustainability.

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Reentry Recommendations*

Recommendation 1: Ensure Immediate and Reliable Access to Medications Upon Release

Recommendation 2: Implement Targeted Outreach and Pre-Release Education

Recommendation 3: Promote Participant Self-Determination and Health Literacy

Recommendation 4: Root Reentry Services in Comprehensive & Developmentally Appropriate Assessments

Recommendation 5: Establish a Cross-Agency Accountability Framework

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

Reentry Recommendation 1*

Ensure Immediate and Reliable Access to Medications Upon Release

Ensure correctional health systems provide a sufficient supply of prescribed medications at the time of release for all Medicaid-eligible individuals. Coordinate with Managed Care Plans (MCPs) to support timely pharmacy access post-release. Standardized, enforceable protocols would support implementation.

Rationale: Stakeholders emphasized that continuity of medication is a significant reentry barrier and can decrease engagement in treatment and contribute to care disruptions. While Medicaid coverage technically applies at release, implementation and obtaining medication was described as inconsistent. Logistical barriers (e.g., transportation) can create challenges to obtaining medication post-release. Ensuring reliable medication reduces health deterioration, recidivism, and avoidable emergency care.

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Reentry Recommendation 2*

Implement Targeted Outreach & Pre-Release Education to Improve Service Continuity

Develop specific education and outreach initiatives within correctional settings that inform individuals about Medicaid eligibility, managed care enrollment, medication continuity, other available services, and how to access care and providers' post-release. Provision of outreach and education should occur as early as possible prior to release and be tailored to meet the distinct needs of adults and youth. Outreach efforts should utilize partner organizations, peers, and others to support warm handoffs and assist with post-release transitions.

Rationale: Stakeholders emphasized that many individuals re-entering the community are unaware of their benefits, how to access them, and face challenges navigating community services upon release. Pre-release education supports smoother transitions, promotes service utilization immediately upon reentry, and helps to avoid coverage disruptions.

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Reentry Recommendation 3*

Promote Patient Self-Determination and Health Literacy

Develop and integrate health literacy materials and tools that promote patient self-determination in pre-release and post-release care. Include visual guides to patient rights, education on covered services, and instructions for engaging with MCPs and providers. These resources should be available to justice-involved individuals in both in-person and telehealth settings, and in digital formats. Confidentiality and privacy protections also must be enforced.

Rationale: Stakeholders underscored the importance of autonomy and informed decision-making in the reentry process. Clear, accessible, and culturally responsive information helps individuals to exercise their rights, advocate for their needs, navigate systems, and maintain continuity of care.

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Reentry Recommendation 4*

Root Reentry Services in Comprehensive and Developmentally Appropriate Assessments

Implement evidence-based assessments to guide eligibility, frequency, and type of services offered in the carceral setting, and to establish plans for post-release care. Youth require developmentally appropriate assessments. Utilize comprehensive assessments that identify participant needs across physical health, behavioral health, housing, and social domains to support reentry planning. For both adults and youth, multiple opportunities for screening and/or assessment are beneficial.

Rationale: Stakeholders emphasized that participants reentering the community have varied needs. Developmentally appropriate assessments ensure that youth receive services aligned with their unique circumstances. Conducting screening and assessments at multiple time points is critical, as an individual may not initially disclose all needs and/or circumstances.

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Reentry Recommendation 5*

Establish a Cross-Agency Accountability Framework

Establish a formal accountability framework across relevant correctional facilities, government agencies and provider systems involved in reentry services. This should include protocols for eligibility verification, service documentation, and alignment with CMS requirements related to Medicaid reentry policies.

Rationale: Stakeholders raised concerns about inconsistencies in the implementation of services, processes and protocols. As reentry services are implemented under the 1115 waiver, defining roles, protocols, and performance expectations, with oversight and accountability, will help to ensure that services are equitably delivered and measurable outcomes are achieved.

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Final Recommendations Discussion: Housing

- *Notes from discussion:*
  - A participant provided additional detail on the suggestion to include “enabling medical services” as part of the service description for medical respite services. This additional detail has been added to the compiled services framework document that will be included as supporting documentation to accompany the subcommittee’s proposal forms to the full MCAC.
  - Participants emphasized the importance of using inclusive language across both policy and rationale sections of the proposal documents, noting that beneficiaries eligible for services are diverse and may include those with chronic conditions, disabilities, and older adults, among others.
  - Participants continued to emphasize the need for post-placement assessments and medical home visits not just at the time of placement but also as-needed thereafter. Modifications were made to the draft recommendations to clarify this.
  - Participants continued to emphasize the need for essential stabilization supports to include enabling medical services and based on an individualized plan of care. Modifications were made to the draft recommendations to clarify this.
  - Participants emphasized the need for clear definitions of eligible staff to deliver housing supportive services and suggested flexibility to include peers, recovery coaches, and community health workers (CHWs). Several participants cautioned against limiting service provision to licensed professional which could reduce workforce capacity and increase costs. Modifications were made to the draft recommendations to clarify this and this was identified as a potential topic for further discussion by the subcommittee.

Note: The views and opinions reflected on this slide are those of the participants for the July 17, 2025 HSR Subcommittee meeting.

Final Recommendations Discussion: Nutrition

- *Notes from discussion:*
  - Participants confirmed that eligibility for nutrition services must include both clinical and social need criteria. Modifications were made to the draft recommendations to clarify this.
  - Some participants raised the suggestion to prioritize local organizations as nutrition service providers again. Additional detail has been added to the compiled services framework document that will be included as supporting documentation to accompany the subcommittee's proposal forms to the full MCAC around this topic and the issue was flagged as a potential topic that warrants further discussion by the subcommittee.
  - Several participants expressed interest in revisiting the discussion around who is qualified to provide nutrition services, particularly in-home supports. Questions were raised about the availability of registered dietitians and nurses and the ability to extend services by allowing community-based providers such as community health workers (CHWs). The issue was flagged as a potential topic that warrants further discussion by the subcommittee, perhaps not just in the nutrition breakout group, but as a cross-cutting topic since CHWs participation in the delivery of housing services was also raised.

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Final Recommendations Discussion: Reentry

- *Notes from discussion:*
  - Participants were unclear if the 30-day supple of prescription medications upon release was for all Medicaid-covered prescribed medications or only a subset. A modification was made to the draft recommendation to clarify this.
  - A participant suggested an edit to recommendation #2 to ensure both beneficiaries and service providers are properly informed and educated about the pre-release services available and the modification was made to the draft recommendation.
  - Participants discussed how to clarify recommendation #4 about using assessments to ensure the delivery of the appropriate mix of services and modification were made to the draft recommendation. During the discussion participants emphasized the importance of reducing duplicative assessments by leveraging existing data from correctional systems, managed care organizations, and Medicaid eligibility files to prevent redundant screenings or evaluations.

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Final Recommendations Discussion: Housing, Nutrition, Reentry

- *Notes from feedback received via email post-meeting:*
  - **Housing:**
    - A participant suggested a new recommendation to facilitate Medicaid reimbursement for housing assessments conducted for asthma triggers both for individuals/families newly transitioning to housing and for individuals/families that may be experiencing asthma triggers in their current homes. This suggestion has been noted for potential future discussion by the HSR subcommittee.
  - **Nutrition:**
    - A participant noted that registered dietitian nutritionists (RDNs) are mentioned several times in the compiled services framework document and suggested to explicitly add allowing RDNs to enroll as Medicaid providers to three of the nutrition recommendations. Because this recommendation has not been explicitly discussed by the subcommittee and none of the existing recommendations are directly about qualified providers this suggestion is not being incorporated at this time, but it has been noted for potential future discussion by the HSR subcommittee.
    - Another participant also raised the RDN issue as feedback for the provider staffing qualifications category of the service framework for the nutrition counseling and education services. This suggestion was added to the compiled services framework document and could be helpful for any future discussion of RDNs by the HSR subcommittee.
    - A participant suggested adding a sentence to the rationale for recommendation #2 about health information technology (HIT). HIT was discussed by the nutrition breakout group at various meetings, and this suggestion has been incorporated as it highlights the discussed importance and enhances the rationale for recommendation #2. The participant suggested further edits about encounter/claims data but because that was not explicitly discussed by the subcommittee that edit was not incorporated at this time, but the topic has been noted for potential future discussion by the HSR subcommittee.
    - A participant provided further suggestions for the nutrition counseling and education services. These suggestions were added to the compiled services framework document.
    - A participant raised again the issue of prioritizing local procurement. The participant cited that other states have had success prioritizing local businesses and/or organizations. For example, North Carolina requires a provider to have a physical address in the region and New York has a requirement that a certain percentage of providers have to be New York-based organizations. As noted during the July 17 meeting, the issue is flagged as a potential topic that warrants further discussion by the subcommittee.
    - A participant suggested creating an advisory committee of implementing CBOs that can advise on changing service definitions over time based on lessons learned during implementation. The participant also noted that many of the nutrition programs provided complement each other and suggested a system or series of meetings be created for CBOs to establish cross referrals. This issue has been noted for potential future discussion by the HSR subcommittee.

1115 Renewal Cross-Cutting Recommendations – Proposed Timeline

- Proposal to present any 1115 Renewal cross-cutting recommendations from the HSR Subcommittee at the December 2025 Full MCAC meeting

- Tentative HSR meeting schedule for remainder of calendar year 2025:
  - September and October HSR meetings:
    - Additional information/speakers in select topic areas
    - Begin formulating 1115 renewal cross-cutting recommendations
  - November and December HSR meetings:
    - Finalize cross-cutting recommendations

Potential Cross-Cutting Themes and Recommendations* – Continued Discussion

- Discussed the following potential 1115 renewal cross-cutting themes and recommendations during the June HSR meeting:

1. Clarity of purpose, goal, and outcome
2. Comprehensive and high-quality care coordination and service navigation
3. Screening/Referral
4. Technology
5. Utilize assessments to guide decision-making and meet needs
6. Integration of peer workforce

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

Potential Cross-Cutting Themes and Recommendation #1* – Recap and Discussion Questions

- **Clarity of purpose, goal, and outcome** (recap of June discussion)
  - Addressing preventative services—particularly for children, could have long-term benefits for individuals and systems.
  - Consider the outcomes we are aiming for, such as services that may enhance adherence to clinical recommendations, positive utilization of health care, or keeping people in care.
  - Recommendations that support measurable, positive outcomes for beneficiaries, was encouraged.
  - Statistically significant impact with a defined group, versus a broader, diffuse group.

➢ ***Does the subcommittee want to move towards making more specific recommendation(s) in this area?***

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Potential Cross-Cutting Themes and Recommendation #2* – Recap and Discussion Questions

- **Comprehensive and high-quality care coordination and service navigation** (recap of June discussion)
  - Importance of ability for providers to use aggregate, consistent, and accurate data and coordinated referral pathways for care coordination.
  - Recognition that other states use "social care networks" to link health and social services, track outcomes, and drive system-wide improvements.
  - Recommendation to invite speakers from states with social care networks and Medicaid agencies to share lessons learned. DCPCA offered to provide additional research and insights they have gathered.

➢ ***Does the subcommittee want to work to get speaker(s) at upcoming HSR meeting?***

➢ ***Is further discussion or other information needed to inform a recommendation from the HSR subcommittee?***

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Potential Cross-Cutting Themes and Recommendation #3* – Recap and Discussion Questions

- **Screening and Referral** (recap of June discussion)
  - Topic was discussed at length during the April HSR meeting.
  - One participant noted the importance of consistent coordination across all service areas and recommended simplifying intake and screening processes to better align services.
  - Regardless of what tool is used or recommended, participants suggested it should include a closed loop referral process.
  - While no recommendation(s) have been made or agreed upon yet regarding specific assessment/screening tools to use, there was consensus to move towards a recommendation.

- ***Is there enough information from April and June HSR discussions to formulate a draft recommendation to present at a future HSR meeting for review and approval by the subcommittee?***

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Potential Cross-Cutting Themes and Recommendation #4* – Recap and Discussion Questions

- **Technology** (recap of June discussion)
  - Integrating data systems can be complex, time consuming and resource intense, but once achieved, offers meaningful improvements to service delivery and sustainability.
  - CRISP DC was referenced as a helpful resource in maintaining care coordination and data sharing. Noted that centralized systems can be risky if discontinued.
  - Importance and need of staff training and support/investments to ensure maximum benefit and usage of CRISP DC, or any similar system.
  - Importance of securing and sharing sensitive information through interoperable systems that also protect individual privacy.

- ***Is there enough information from June HSR discussion and domain-specific discussions/service framework to formulate a draft recommendation to present at a future HSR meeting for review and approval by the subcommittee?***

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Potential Cross-Cutting Themes and Recommendation #5 and #6* – Recap and Discussion Questions

- **Utilize assessments to guide decision-making and meet needs** (recap of June discussion)
  - Support for using structured assessments to inform service planning, ensure alignment with individual needs, and support cross-agency coordination.
  - Importance of using validated tools and explaining the purpose of assessments to beneficiaries.

➢ ***Is this an area to advance a cross-cutting recommendation?***

- **Integration of peer workforce** (recap of June discussion)
  - Beneficial to have a Medicaid State Plan Amendment allowing integration of community health workers into clinical teams.

➢ ***Is this an area to advance a cross-cutting recommendation?***

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Utilizing HSR Fall Meetings to Inform and Formulate Cross-Cutting Recommendations

- The HSR Subcommittee Chair proposes that participants pick two topics from list below for further information sharing/gathering and discussion during the Fall 2025 HSR meetings:
  - Clarity of purpose, goal, and outcome
  - Comprehensive and high-quality care coordination and service navigation
  - Screening/Referral
  - Technology
  - Utilize assessments to guide decision-making and meet needs
  - Integration of peer workforce
  - Other?

Potential Cross-Cutting Themes and Recommendations Discussion

- *Notes from discussion:*
  - There was not time for this agenda item during the HSR meeting on July 17, 2025 so nothing was discussed.

- *Notes from feedback received via email post-meeting:*
  - Although there was not time to discuss potential cross-cutting themes and recommendations during the July 17 meeting, one participant suggested a cross-cutting recommendation via email following the meeting. The participant recommended that DC consider the hub model that has been implemented in North Carolina and other jurisdictions. The participant noted that many of the service providers that have participated in the HSR meetings have expressed support for a hub model as it would eliminate obstacles that small providers across all service domains (housing, nutrition, and reentry) will experience in attempting to meet the requirements to directly bill Medicaid with regard to investments in information technology and other capacity improvements. The participant asserted that the hub model will allow a diverse set of providers to access stable financial resources so that they can continue to serve the needs of the population in a way that larger organizations cannot. This issue has been noted for potential future discussion by the HSR subcommittee.

Public Announcements and Other Business

Notes on information shared during meeting:

- Next full MCAC meeting scheduled for July 30 from 5:30-7:30pm on Webex.

  -HSR Subcommittee Chair scheduled to present recommendations finalized today for MCAC's consideration and adoption.

Next Meeting

- **As a friendly reminder, there will be no HSR Subcommittee meeting in August.**
- **The next meeting is scheduled for September 11, 2025, 2-4pm.**
- Below, please find the additional HSR Subcommittee meetings proposed through the end of calendar year 2025:
  - October 16, 2025*: 2-4 pm
  - November 13, 2025: 2-4 pm
  - December 11, 2025: 2-4 pm

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.

** The originally scheduled October 9 HSR Subcommittee meeting will be rescheduled to October 16. An updated calendar invite will be sent by the end of July.*

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