



Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

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



Agenda

- ▶ Welcome and introductions (5 minutes)
- ▶ Review common themes from previous meetings and plans for future meetings(15 minutes)
- ▶ 1115 waiver services framework (30 minutes)
- ▶ Discussion breakouts & read-out (60 minutes)
- ▶ Public announcements and other business (5 minutes)
- ▶ Next meeting and opportunities for staying connected (5 minutes)



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



After Level-setting on the 1115 Waiver and Exploring Best Practices, We Will Begin Discussing How to Define Services



HSR Meeting 1: Level-set on 1115 waiver, established norms and expectations for the subcommittee

HSR Meeting 3: Start diving in to the “nuts and bolts” of defining waiver services

HSR Meeting 2: Explore best practices and lessons learned from across the country

Upcoming HSR Meetings: Continue level-setting, and further dive into the “nuts and bolts” of the 1115 waiver including infrastructure needs, delivery system, and defining services

We have heard subcommittee members’ emphasis on the critical role of individuals with lived experience in informing waiver services and implementation and are continuing to explore avenues to integrate this into 1115 waiver community engagement.

ASK: Please share any contacts, community forums, or ideas for outreach to individuals with lived experience to dhcf.waiverinitiative@dc.gov



1115 Waiver Services Framework

Service Name:	
Service Description:	
Beneficiary Eligibility Criteria:	
Frequency:	
Duration:	
Setting:	
Provider Staffing Qualifications:	
Staffing Ratio/ Caseload:	
Other Considerations:	

- ▶ When developing a new service, there are a series of considerations and questions to answer to go from a broad description to a billable Medicaid service
- ▶ This is NOT a final document, but rather a step in an iterative and highly interdependent process that includes other considerations (e.g. budget, capacity, etc)
- ▶ Each of these considerations have a significant impact downstream on how services can and will be delivered – we appreciate community feedback to inform this process
- ▶ This isn't a perfect framework, but a way of aligning our work across workstreams for comparison and understanding



1115 Waiver Services Framework – Detailed Descriptions

Service Name:	Name
Service Description:	What does this service entail?
Beneficiary Eligibility Criteria:	Who can receive this service? Is it limited by factors like age, diagnoses, other program enrollment
Frequency:	How often is this service delivered? (once a week, once a month, once a year?)
Duration:	Is there a limit on how long someone can receive the service (e.g. can only receive a service for 6 months and then must be transitioned off)
Setting:	Does this service need to be in person or could it also be delivered via telehealth? Where can this service be delivered? (in a hospital, doctor's office, community)
Provider Staffing Qualifications:	Who can provide these services? (a specific type of licensed provider, an individual with specific expertise or qualifications?)
Staffing Ratio/ Caseload:	Is there a limit to how many individuals a provider can treat at a given time (e.g. each case manager can only have 15 open cases at a given time)
Other Considerations:	

Example of Completed Services Framework with Existing District Medicaid Service



Service Name:	Mental health counseling
Service Description:	Individual, group, or family services for symptom and behavior management; development, restoration or enhancement of adaptive behaviors and skills; and enhancement or maintenance of daily living skills.
Beneficiary Eligibility Criteria:	Have a primary mental health diagnosis as described in ICD-10 and DSM-5 and be recommended as requiring counseling by a qualified practitioner licensed to diagnose mental illness.
Frequency:	As needed
Duration:	160 units per year (additional units allowable with prior authorization from DBH)
Setting:	In-Person/Telephone/Video
Provider Staffing Qualifications:	Psychiatrists, Psychologists, LICSWs, APRNs, LISWs, LPCs, LMFTs, LGSWs, LGPCs, Psychology Associates
Staffing Ratio/ Caseload:	Unspecified
Other Considerations:	



1115 Waiver Services Framework – HSR Committee Feedback

Service Name:	
Service Description:	
Beneficiary Eligibility Criteria:	
Frequency:	
Duration:	
Setting:	
Provider Staffing Qualifications:	
Staffing Ratio/ Caseload:	
Other Considerations:	

- ▶ Do you have any questions about the considerations in this framework?
- ▶ Are there other considerations that you are thinking about that would be helpful to include?

NOTES:

- Including “purpose” of service (e.g. to fill a gap, reduce a disparity, role in the system, etc.) could be helpful for some discussions
- Include necessary supervision in staffing requirements
- Refer to existing DC licensing boards for many provider specifications/ qualifications (e.g. independent practice, etc.)
 - DHCF may sometimes need to specify to match national evidence-based/ evidence-informed model
- Minimum timing related to frequency and duration (not always cap or max)
- Add documentation requirements to framework
- Group noted that many of these elements will impact service rate structure

In Today's Breakout Each Domain Group Will Work Through the Service Framework with a Domain-Specific Example



Service Name:	
Service Description:	
Beneficiary Eligibility Criteria:	
Frequency:	
Duration:	
Setting:	
Provider Staffing Qualifications:	
Staffing Ratio/ Caseload:	
Other Considerations:	

- ▶ **Reentry**
 - Targeted case management

- ▶ **Housing**
 - Medical Respite

- ▶ **Nutrition**
 - Home delivered meals
 - pantry stocking
 - fresh produce prescriptions/grocery provisions



Reminder: 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.



Reminder: 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



Breakout Group Reminders

- ▶ **Breakout groups in the HSR subcommittee meetings help us to efficiently use time to reach our goals.**
 - Facilitate diving deeper into topics 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, and 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”. This will prompt a pop up of all available breakout sessions
- Click “join” next to the breakout session you would like to join (either reentry, housing, or nutrition)



Group 1 - Reentry

Report Out from Breakout Discussion



Please share your group's experience with the services framework

- ▶ Talked about staffing and who needs to do what items (is assessment and plan of care different or the same as the folks who would do ongoing care)
- ▶ Concerns about licensure vs. the need to incorporate lived experience highlighting the role that individuals with lived experience can make esp. while someone is still incarcerated
- ▶ Talked about staffing individual and organization (PSH, HH)
- ▶ Infrastructure and TA needs (Medicaid enrollment and documentation for CBOs. . .what does this need to look like?)
- ▶ Balance of data transmissions w/ individual privacy – critical need for trust
- ▶ Different needs for children vs. adult services
- ▶ Transition and timeline for services – how do we ensure continuity and hand-off of services



Group 2 - Nutrition Report Out from Breakout Discussion



Please share your group's experience with the services framework

- ▶ Started by considering continuum of nutrition services (i.e. home delivered meals, pantry stocking, and fresh produce prescriptions/grocery provisions) but discussed proposed home delivered meals service in most detail
 - There is a continuum within home delivered meals, such as medically-tailored, medically-supportive, and nutritionally complete, that need to be defined further
 - Then need to consider what conditions should be eligible for each better-defined service
- ▶ Suggested looking at framework from Massachusetts to guide future discussions (may be helpful in defining meal types such as medically-tailored vs. medically-supportive vs. nutritionally complete)
- ▶ For future discussions: What referral process might be necessary for 1115 waiver nutrition services?
 - How you screen for food insecurity is important
 - Also important to assess and address other factors like items needed to cook with and if pairing food supply with nutrition counseling is necessary to improve beneficiary health/ health outcomes
- ▶ Need to look more at accreditation process for nutrition providers



Group 3 - Housing

Report Out from Breakout Discussion



Please share your group's experience with the services framework

- ▶ DHCF and partners will need to develop a clear service definition for medical respite that considers other state frameworks and accounts for characteristics specific to DC's service population (e.g. respite in post-hospital settings vs respite to avoid hospitalization)
- ▶ Service definition should include appropriate connection to other services in the District, like housing and other social service case management, misc. medical services, and mental/behavioral health gateways; should not be considered the "catch all" service window for complex medical and social needs
- ▶ District should examine population demographics and needs when designing respite services and eligibility criteria, inclusive of families in need of shared respite services, pregnant, and post-partum beneficiaries
- ▶ District should be particularly attentive to rate setting considerations when designing services and should work closely with community members working in respite settings when determining potential reimbursement rates/ per diem rates



Public Announcements and Other Business

Notes on public announcements shared during this section:

- DHCF will include reminder for any public announcements and updates on the agenda prior to meetings (DHCF staff)
- 2024 Hunger Report Released today (9/12/24)! <https://hunger-report.capitalareafoodbank.org/report-2024/>



Get Involved and Make Sure You're Getting Updates

The next meeting will be Thursday, October 10, 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 and we will add you to the list and/or outreach to any referred stakeholders.