D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)
Sub-Committee Proposal Form

All MCAC sub-committee proposals must be submitted for consideration by the MCAC using this form. Proposals must come from the respective sub-committee chair to MCAC Liaison using the dhcfMACandBAC@dc.gov email inbox at least one week in advance of the next scheduled MCAC meeting.

1. **Proposal Title**: Recommendations to Inform Health Related Social Needs Screening and Referral Processes and Supportive Technology through DC's Section 1115 Medicaid Demonstration Renewal

2. **Submitting Sub-Committee** *(choose one)*
☒Health System Re-Design (submitted December 2025)
☐Access

3. **Abstract**
In 100 words or less, explain the proposal being submitted for MCAC's consideration.

The Health System Re-Design Subcommittee provides a suite of recommendations to ensure successful and high-quality Health Related Social Needs screening and referral processes, and attendant technology infrastructure. Recommendations include utilizing key policy principles to advance patient-centered care and reduce administrative burden; allowing a variety of organizations to screen and refer; leveraging existing technology and ensuring key system capabilities; and establishing screening goals and strategies, including clear and consistent eligibility criteria with structured accountability mechanisms. These recommendations were derived from themes gleaned during HSR Subcommittee meetings from September 2024-October 2025, including specific meetings focused on screening, referral and technology in April 2025, June 2025, and October 2025.

4. **Proposal**
In 1000 words or less, explain the problem being addressed and propose a discrete and actionable solution for the MCAC's consideration. Include any scheduling and/or budget implications, along with risk and mitigation strategies of this proposal.

Successful implementation of the District's Section 1115 Medicaid Demonstration Renewal, focused on Health Related Social Needs, will be predicated on a robust and effective screening and referral process. A comprehensive technology infrastructure is also essential to achieving DC's desired outcomes. Foundational to these elements are clear goals and accountability structures. The following recommendations for achieving a strong screening and referral system across the HRSN domains are not in rank order.

Recommendation 1: Prioritize Patient-Centered Care and Minimize Administrative Burden through Key Policy Principles

- Screening and referral processes should prioritize ease of access and connection to services, avoiding multiple steps that delay services.
- Design systems to route beneficiaries efficiently, avoiding redundant referrals and working to determine eligibility at the outset of the Health Related Social Needs screening process.
- Balance benefits of standardization with flexibility. Aim for one standardized screening tool, or a core tool with optional components, to reduce administrative burden and align with other requirements organizations may have.
- Include beneficiary and peer voice in design and implementation decisions, as well as in regular evaluation of waiver processes and implementation, to accurately enhance user experience.

Rationale: Patient-centered processes deliver improved outcomes, and enhance trust and engagement. Prioritizing beneficiary and peer perspectives in design, implementation, and evaluation is fundamental. Minimizing administrative burden ensures providers and community-based organizations can focus on service delivery, while efficient routing prevents delays in accessing services and supports, aligning with the 1115 HRSN Waiver's equity and efficiency goals.

Recommendation 2: Adopt a "No Wrong Door" Approach with Flexible Screening Frequency

Implement a flexible, inclusive screening and referral process allowing a variety of providers and organizations (e.g., Medicaid providers, community-based organizations, community health workers, self-referrals) to initiate HRSN screening process. Permit screenings at varying frequencies based on changing needs, conducted via multiple modalities (e.g., in-person, phone, digital, or paper) and through culturally and linguistically attuned tools. Utilize technology and data-sharing to minimize over-screening and duplication. Include mechanisms for social care organizations to elevate referrals to medical care partners, and work to ensure the bi-directionality of screening and referral across social and medical care systems.

Rationale: A "No Wrong Door" approach builds trust by enabling screenings through credible entities, which increases participation among beneficiaries, especially with those who may be hesitant to disclose sensitive information. Flexible screening frequency accommodates dynamic health and social needs, ensuring timely access to services. Multimodal screening options enhance accessibility for diverse populations, including those with limited digital access. Strategic use of technology and data-sharing capabilities can minimize beneficiary and provider burdens of redundant screening. Advancing bi-directionality of screening and referral across medical and social care entities supports the beneficiary regardless of where they enter for assistance.

Recommendation 3: Leverage Existing Technology Infrastructure for Health Related Social Needs Screening, Closed-Loop Referrals, and Data Sharing

Utilize Washington DC's established Health Information Exchange (HIE) infrastructure, particularly CRISP DC, and digital tools like LinkU, to streamline Health Related Social Needs (HRSN) screening, real-time eligibility determination, closed-loop referrals, and data sharing. Ensure these current platforms work effectively for community-based organizations, support standardized screening tools, real-time eligibility verification, and secure data exchange while minimizing the introduction of new systems that could increase administrative burden. Invest in provider training to optimize system use and resources/capabilities to maintain an accurate, up-to-date resource directory. Ensure contingency plans to mitigate risks of system discontinuation.

Rationale: DC has invested significantly in CRISP DC and LinkU, which already support HIE and resource navigation. Leveraging these systems, with modifications where indicated, avoids redundant costs, reduces provider burden, and ensures seamless integration with existing workflows. A closed-loop referral system fosters accountability, while robust training and resource directory maintenance enhance provider and beneficiary engagement. Introducing a new platform or requiring implementation of an additional platform, unless strongly supported by community stakeholders, can add complexity to processes that may already be established and working efficiently, as well as create additional costs for the state, health plans, and providers. Increasing data sharing capabilities among providers and community-based organizations improves service provision and coordination, and decreases duplication. Mitigating risks of system discontinuation prevents disruptions in care delivery.

Recommendation 4: Ensure Robust Technology System Capabilities for Screening and Referrals

Technology systems for HRSN screening and referrals should contain the following critical features:

- **Shared Data Access**: Enable visibility and access across providers, community-based organizations (CBOs), health plans and others as needed.
- **Privacy Protections**: Ensure compliance with HIPAA and applicable confidentiality requirements, and robust security in interoperable systems.
- **Closed-Loop Referrals**: Support reciprocal communication among providers, CBOs, and health plans using existing infrastructure.
- **Real-Time Eligibility Verification**: Provide clear, immediate Medicaid eligibility confirmation.
- **Multilingual Screening Tools**: Offer tools in multiple languages to accommodate DC's diverse population.
- **Streamlined Processes**: Use a simplified screening and referral form to enhance beneficiary experience and reduce administrative burden and complexity among providers, community-based organizations, health plans and other entities as needed.

- **Multimodal Access**: Allow screening via staff administration or beneficiary self-reporting, using phone, computer, or paper formats.

Rationale: These features ensure equitable access, operational efficiency, and data security while aligning with existing infrastructure. Multilingual and multimodal tools address DC's diverse population, while streamlined processes enhance beneficiary experience and program scalability, and reduce burden on providers and community-based organizations.

Recommendation 5: Establish 1) Clear Goals and Strategy for Screening and Referral & 2) Clear, Consistent Eligibility Criteria for Health Related Social Needs Services with Structured Accountability Mechanisms

- Ensure clarity of goals and strategy for Health Related Social Needs screening. Align screening strategy with expectations and intent, such as whether screening will be predicated on ability to respond to identified need, clear beneficiary expectations for screening and next steps, whether screening begins at a prevention level, and consideration of consent and disclosure tools for supporting ongoing concerns given limited resources. Consider options for accountability via the DHCF Managed Care Division and the Managed Care Quality Strategy and Report.
- Define and uniformly apply clear eligibility criteria and processes for HRSN services, ensuring transparency across providers, community-based organizations, beneficiaries, managed care plans, and any other integral entities. Communicate criteria and implementation processes through training, provider portals, and public-facing materials.
- With community stakeholders (e.g., beneficiaries, providers, community-based organizations), identify and implement an accountability structure and metrics, a process for regular stakeholder evaluation and feedback to guide system improvements, and periodic updates through established structures, such as the DC Medical Care Advisory Committee. Establish a Community Advisory Board or similar entity to encompass and accomplish this work.

Rationale: Clear, consistent eligibility criteria prevent disparities in access and ensure equitable distribution of services. Establishing clear HRSN screening strategy and expectations aids in the delivery of a quality experience. Transparent communication reduces confusion, enhances provider confidence in screening and referrals, and supports beneficiaries in navigating the services. Implementation of accountable structures and bidirectional feedback and updates support program integrity and a culture of continuous improvement.

Additional Considerations:

- <u>Feedback to HSR Subcommittee</u>
    - The Subcommittee requests that DHCF provide a future update(s) on how these recommendations were addressed.
    - Updates support continued strong engagement with community stakeholders and Subcommittee values of transparency and continuous feedback.
    - The Subcommittee recognizes the current approval and implementation timeline, and that updates may not be available until later in calendar year 2026 or calendar year 2027.

5. Supporting Documentation

Any supporting documents should be directly provided as attachments to this proposal, and referenced in section 4 above. Please list below.

None.