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 Development and Implementation of Housing Services and Supports through DC's Section 1115 Medicaid Demonstration Renewal

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

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

The Health System Re-Design Subcommittee recommends key enhancements to the design and implementation of housing-related services under DC's proposed 1115 waiver renewal. These recommendations aim to improve service delivery by allowing flexible staffing models, bundling essential stabilization supports at housing placement, and requiring in-home post-placement assessments. These consensus recommendations were derived from stakeholder expertise provided during HSR subcommittee meetings from September 2024-July 2025. The recommendations align with the waiver's goals to improve health outcomes, and aim to address systemic gaps impacting the health and stability of eligible individuals.

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.

Housing instability remains a persistent barrier to long-term health and well-being for individuals transitioning from institutional/congregate care, correctional facilities, the child welfare system, and those at-risk of or experiencing homelessness. Despite existing supports, gaps remain in service coordination and navigation, access to stabilization resources, and ensuring housing suitability. These gaps are particularly evident in underserved populations, including those with behavioral health needs, physical disabilities, or chronic medical conditions.

Recommendations are not in rank order.

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, allow the housing support workforce to scale in response to demand, and contribute to fiscal prudence. While certain public agency policy (e.g., 1915i Permanent Supportive Housing (PSH)) already allows for flexible staffing models and non-licensed staff, it is important to explicitly permit for the 1115 waiver.

Recommendation 2: Bundle Essential Stabilization Supports at the Point of Placement
Pair housing placements with bundled stabilization supports based on individualized need, which may include rental assistance, utility deposits, food access, household goods, enabling medical services (e.g., nursing and medical care coordination), and other basic health and social 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.

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. Conduct future in-home medical visits and/or 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, individuals with chronic conditions, 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.

Additional Considerations:

- <u>Recognition of Budget and Fiscal Environment</u>
  - The HSR Subcommittee is acutely cognizant of the current and future budget environment, with pressure at the regional and federal levels. This reality has been discussed during housing breakout groups during Subcommittee meetings, with the recognition that DHCF will need to make decisions regarding eligibility,

service design and other factors, and that overall need will exceed funding availability.

- Housing Services Framework:
  - Since September 2024, the HSR Subcommittee has heard insights, suggestions, and recommendations from a wide variety of community stakeholders regarding implementation of proposed housing supports and services.
  - Rich information is captured in a services framework document (attached to this proposal), to inform service description, beneficiary eligibility, frequency, duration, setting, and staffing qualifications/ratio for each housing service.
  - The HSR Subcommittee strongly recommends this document for review and consideration to the DC MCAC and DHCF as implementation progresses.
- Feedback to HSR Subcommittee:
  - The Subcommittee requests that DHCF provide a future update(s) on how the housing 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 calendar year 2026.

5. Supporting Documentation

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

a. Compilation of 1115 Services Frameworks_ HSR Subcommittee