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 Services for Justice-Involved Individuals up to 90 Days Pre-Release 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 a package of strategies to reduce barriers, and improve transitions and outcomes, for individuals reentering the community after incarceration. The proposed recommendations will strengthen implementation of the proposed reentry services, and recognize the importance of tailoring services and materials to meet differential needs of adults and youth. Recommendations include ensuring access to prescribed medications at release, providing pre-release education on benefits and services, promoting self-determination, implementing comprehensive and developmentally appropriate assessments, and establishing a cross-agency accountability framework. These consensus recommendations were derived from stakeholder expertise provided during HSR subcommittee meetings from September 2024-June 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.

Justice-involved individuals face persistent gaps in service continuity upon reentry into the community. While systemic improvements have been made, many individuals encounter delays accessing medications, challenges navigating benefits and services, and difficulty ensuring systems comprehensively address medical and social conditions. These challenges are particularly acute for individuals with behavioral health conditions, complex chronic needs, and those incarcerated for longer periods who may experience Medicaid termination.

Additionally, justice-involved youth have distinct developmental needs that require tailored approaches. Stakeholders emphasized that a lack of accessible information and education, empowerment, coordination, and accountability lead to preventable health complications, emergency care use, and increased risk of recidivism. Addressing these barriers through a person-centered approach to implementing waiver reentry services will promote improved health outcomes and support successful reintegration.

Recommendations are not in rank order.

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.

Recommendation 2: Implement Targeted Outreach and 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.

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.

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.

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.

Additional Considerations:

- Reentry 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 reentry 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 reentry service.
    - The HSR Subcommittee strongly commends 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 reentry 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