



Health System Re-Design (HSR) Subcommittee

DHCF Medical Care Advisory Committee (MCAC)

February 13, 2025 | 2:00 PM – 3:30 PM ET



Agenda

- Welcome and Updates (10 minutes)
- Reentry, Housing, and Nutrition Breakout Groups (60 minutes)
- Report Out from Breakout Groups (15 minutes)
- Public Announcements, Other Business, and Next Meeting (5 minutes)



DHCF Standing Updates



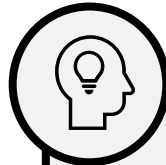
CMS News/ Updates:

- 1115 renewal application still pending approval with CMS
- Currently in the 6-month temporary extension period of current waiver (now expires June 30, 2025)



Enhanced Community Engagement Updates:

- 45 survey responses received to date
- 18 meetings scheduled 15 completed to date



1115 Whole Person Care Learning Collaborative Updates:

- Kicked off the learning collaborative with two sessions in January with over 100 total attendees
- The first collaborative session will be on February 26, with office hours starting earlier this month



In the Breakouts, Each Group Will Complete the Services Framework for Domain-Specific Services



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

▶ Reentry

- Complete services framework for peer support services, behavioral and physical health screening, and 30-day prescription benefit.

▶ Housing

- Complete services framework for ancillary housing services (one-time transition and moving costs; home remediations; home/environmental accessibility modifications).

▶ Nutrition

- Complete services framework for food package and grocery benefit services.



Breakout Group Reminders

- ▶ **Breakout groups in the HSR subcommittee meetings help us to use time to reach our goals efficiently.**
 - Facilitate diving deeper into topic 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, take notes during conversations, and identify 1 person from the breakout to report back to the larger group about your discussion

- ▶ **The most common way to join breakout groups:**

- If you joined from your browser, go to the “participants” panel. If you joined from the desktop application, you can also find breakouts as a dropdown from the menu bar at the top of the screen
- For either method, you can then Click “show all breakout sessions.” and then click “join” next to the breakout of interest (housing, nutrition, reentry)

Note – *there are some known technical glitches depending on the device/platform you are joining from. If you are unable to join the breakout, please ask for help through the chat and someone will place you in a breakout*



Note:

Slides 7-9 reflect a summary of participant breakout conversations from the February 13, 2025, Health System ReDesign (HSR) Subcommittee meeting.



Group 1 - Reentry

Report Out from Breakout Discussion



The reentry breakout group reviewed the services framework for peer support services and behavioral and physical health screenings:

- **Peer Support Services:** Participants discussed training needs to support peer support providers' access to facilities and ensuring definitions remain inclusive. Strategies to strengthen support and reduce burnout were explored.
- **Behavioral and Physical Health Screening:** The group suggested aligning on standardized screening tools to ensure consistency and appropriateness, including those already in use in the District. Participants also suggested a holistic and inclusive screening approach, highlighting opportunities to integrate nutrition screenings with SNAP pre-enrollment and expanding coordination with the DC Collaborative for Mental Health and Pediatric Primary Care.
- **Screening Processes and Coordination:** It was suggested that eligibility criteria remain broad, with comprehensive screenings to prevent service gaps. Participants discussed strengthening cross agency and provider data sharing, and the benefits of conducting screenings within 24-48 hours of intake with multiple assessments over time.



Group 2 - Housing

Report Out from Breakout Discussion



The housing breakout group reviewed the services framework for ancillary housing services:

- **Housing Support Services:** The group reviewed one-time transition and moving costs, home remediation services, and home/environmental accessibility modifications, and reimbursement structures from other states, including models from Arizona and North Carolina, to explore how similar approaches could be applied in DC. Participants emphasized that in-home assessments are the best tool to assess what modifications might be needed once a beneficiary has secured housing.
- **Program Coordination and Gaps:** Participants discussed integrating flexible funding mechanisms, strengthening coordination across agencies, and addressing potential service gaps to ensure stable housing and continued support. Participants emphasized the need to think about how new 1115 housing services interact with other existing housing services to ensure all resources are deployed efficiently and effectively and limit duplication. Participants also noted that the other 1115 housing supports discussed at previous meetings, as well as nutrition services discussed in other breakout groups, may be necessary to ensure a beneficiary has comprehensive support for all of their needs.



Group 3 - Nutrition

Report Out from Breakout Discussion



The nutrition breakout group reviewed the services framework for food packages:

- **Service Differentiation:** Participants discussed the distinction between medically tailored and nutritionally appropriate food boxes and whether separate categories are necessary in DC. The level of customization based on an enrollee's medical diagnosis and nutritional needs was considered.
- **Engagement and Access:** The group explored how food benefits could connect individuals to healthcare, particularly those who are engaged with food organizations but not currently receiving medical care.
- **Assessment and Eligibility:** Participants discussed the role of credentialed professionals in assessing eligibility and ensuring that food benefits align with medical and nutritional needs.
- **Education and Support:** The importance of providing tailored education on food and nutrition for individuals with chronic conditions was highlighted to improve health outcomes and promote informed food choices.



Public Announcements and Other Business

- ▶ Next DHCF Medical Care Advisory Committee (MCAC) meeting is February 26 at 5:30pm
- ▶ Oversight sessions: Visit DC Council's website (<https://dccouncil.gov/>) for schedule and additional information



Next Meeting

The next meeting will be March 13, 2025, 2-4pm.

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.



Reference



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



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