



## **D.C. MEDICAL CARE ADVISORY COMMITTEE**

### ***Sub-Committee Descriptions/Information***

#### **Subcommittee: Access**

Chair: Seiji Hayashi

DHCF liaison: Yorick Uzes, [Yorick.uzes@dc.gov](mailto:Yorick.uzes@dc.gov)

#### **Mission (draft)**

To provide ongoing input about access experience in the Medicaid program with a special focus on FFS program experience to support Access Rule compliance. Under the rule, state Medicaid programs must consult with the MCAC in developing and updating their Access Plans. The regulation also requires states to seek ongoing input from beneficiaries and providers on potential access issues, with medical care advisory committees (MCACs) listed as a potential source of such input. Given these requirements and the District's interest that it has direct information regarding potential or actual access issues and is able to develop and track the impact of any initiatives to redress access challenges throughout the Medicaid program, DHCF seeks to form a subcommittee that could offer a forum for discussion and information-sharing on work related to Access compliance and access concerns in any part of the Medicaid program.

#### **Subcommittee: Eligibility and Enrollment**

Chair: Jodi Kwarciany

DHCF liaison: Kivon Allen, [Kivon.allen@dc.gov](mailto:Kivon.allen@dc.gov)

#### **Mission (draft)**

To focus on the experiences of consumers, consumer assistance, providers, and advocates to monitor and improve experiences applying and maintaining health insurance. The

subcommittee will work collaboratively with ESA and other relevant agencies to identify areas for improvement and success and solutions.

**Subcommittee: Health System Re-Design**

Chair: Karen Dale

DHCF liaison: DaShawn Groves, [dashawn.groves@dc.gov](mailto:dashawn.groves@dc.gov)

Mission (draft)

To develop recommendations for the MCAC on strategies to achieve the five SHIP (State Health Innovation Plan) aims. These recommendations would be guided by beneficiaries, providers and other stakeholders' feedback. The committee would consider ways the key care coordination initiatives highlighted in the SHIP are impacting delivery of services, whether care coordination services are helping to integrate community health, social services, and medical care; and whether care coordination helps reduce inappropriate use of emergency room services. Additionally, this subcommittee would highlight challenges in the existing health system related to engaging beneficiaries in decisions around the care received, and propose approaches to better partnerships between the providers of services and the users of these services.

**Subcommittee: Long Term Care**

Chair: Judy Levy

DHCF liaison: Michael Bolling, [Michael.bolling2@dc.gov](mailto:Michael.bolling2@dc.gov)

Mission (draft)

To expand and improve the quality of long term care services to ensure that low-income Washington, DC residents with chronic care and/or disability needs can age in the community safely and with dignity. This subcommittee will give voice to this particular cohort.