

**DISTRICT OF COLUMBIA
HEALTH INFORMATION
EXCHANGE
POLICY BOARD MEETING**

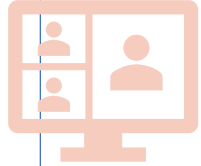


July 18, 2024 | 3:00 PM – 5:00 PM

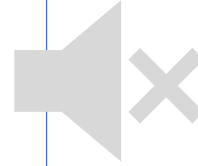


Department of Health Care Finance | Remote Meeting

Virtual Meeting Processes



To increase engagement, turn on your video



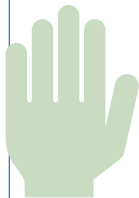
Mute your microphone upon entry, and until you have been called on to speak



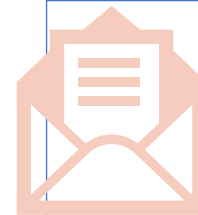
Use the chat function to introduce yourself: **Name, Title, Organization**



Putting your phone on hold, due to an incoming call, may disrupt the meeting



If you have comments or questions, please use the **'Raise Hand'** feature and speak clearly



Voting on a recommendation will require you to say: **Your name followed by either 'aye', 'nay', or 'abstain'**

Agenda

01

Welcome
and Call to
Order

3:00 – 3:10 PM

02

Subcommittee
Reports &
Board Actions

3:10 – 3:40 PM

03

Public Health
HIE Use Case

3:40- 4:00 PM

04

Strategic
Uses of CMS
Medicaid
Enterprise
System
(MES) Match
Funding

4:00 – 4:20 PM

05

1115 Waiver
Renewal and
Infrastructure

4:20 – 4:35 PM

06

DC HIE
Designated
Entity
Quarterly
Update

4:35 – 4:50 PM

07

Public
Comments

4:50 – 4:55 PM

08

Next Steps
and
Adjournment

4:55 – 5:00 PM

Roll Call and Announcement of Quorum



HIE Policy Board Announcements

Introductions



Allocated Time: 3:00 - 3:10 PM (10 mins.)

Welcome – New DHCF Staff!

Tihitina Chamiso



HIE Policy Analyst
Digital Health Division

Iesha Reid



Program Analyst
Digital Health Division

Upcoming Policy Board Meetings

- The Policy Board will meet once in-person to encourage networking, consensus-based decision making, and strategic discussions related to HIE policy and governance.
- All meetings will be recorded regardless of venue.

In-Person

DHCF Offices

*441 4th St NW, Washington,
DC 20001*

October 24, 2024

Subcommittee Reports & Board Actions



Allocated Time: 3:10 - 4:10 PM (60 mins.)

HIE Policy Subcommittee

Mr. Justin Palmer

Allocated Time: 3:10 – 3:40 PM (30 mins.)

HIE Policy Subcommittee

Chair: Justin Palmer

Mission: Provide counsel and recommendations on public policy initiatives that encourage participation in and the sustainability of the DC HIE to the DC HIE Policy Board and its Subcommittees

Purpose: The subcommittee guides the implementation of a leading HIE framework and facilitates the exchange of health information that supports public health and community health in the District of Columbia. The subcommittee assists the District in staying nimble and proactive with respect to its policy positions, while remaining aligned with federal, regional, and local policy issues.



Subcommittee Timeline – March 2024 to June 2024

April 2024

- ❑ Standing agenda item: new policies, transmittals, or any documents for public feedback
- ❑ **42 CFR Part 2** means for DC HIE and how does it affect users and the consent tool?
- ❑ **Secondary Use Policy** public health use cases to be included in policy

June 2024

- ❑ Standing agenda item: new policies, transmittals, or any documents for public feedback
- ❑ **42 CFR Part 2** : Notice Of Privacy Practice and Technical Infrastructure Changes

March 2024

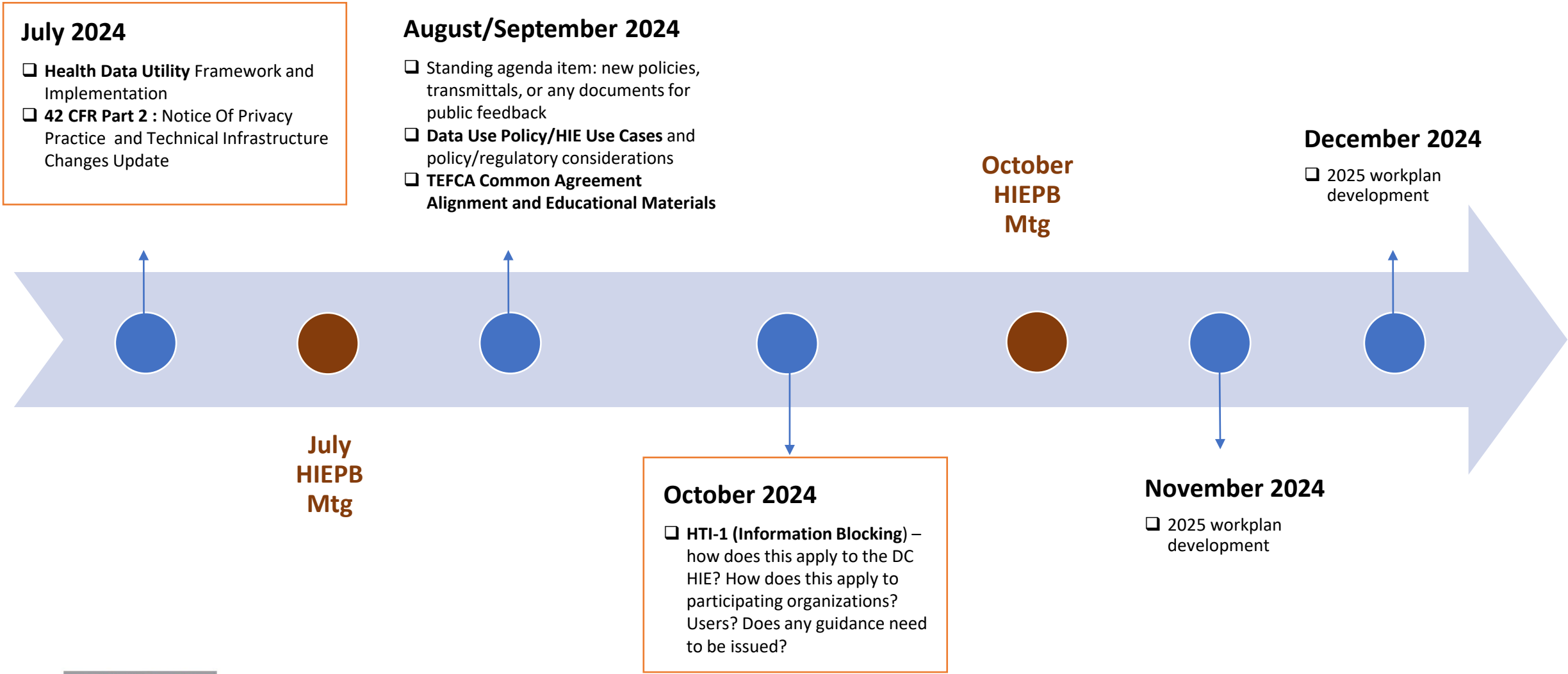
- ❑ **42 CFR Part 2**, what it means for DC HIE and how does it affect users and the consent tool? Do any barriers need to be removed from the EMR side to transmit data to HIE?

April
HIEPB Mtg

May 2024

- ❑ Standing agenda item: new policies, transmittals, or any documents for public feedback
- ❑ **42 CFR Part 2**: Notice of Privacy Practice and Technical Infrastructure changes

Subcommittee Timeline – July 2024 to Dec 2024



July Subcommittee Special Session on Health Data Utility Framework

- Guest speaker, Lisa Bari, CEO of Civitas Networks for Health provided an overview of the [Health Data Utility Framework](#)
- Main takeaways:
 - Health data utilities (HDUs) are statewide entities that **combine, enhance, and exchange** electronic health data for **treatment, care coordination, quality improvement, and public and community health** purposes.
 - HDUs emphasize **multistakeholder organizational** and **data governance** and are usually designated non-profit organizations or independent state agencies.
 - HDUs leverage existing infrastructure for clinical data exchange, such as regional and statewide HIEs.
- Over the next quarter, the policy subcommittee will continue discussing this with District stakeholders on how this framework can be operationalized in the District.



Quick Recap – SUD Confidentiality Rule and Subcommittee Activity

Modification to 42 CFR Part 2, in brief:

- In early February 2024, the US HHS released a final rule to implement modifications to Part 2. HHS guidance has given organizations up to two years to operationalize necessary changes and come into compliance.
- The new final rule leaves in place the requirement that Part 2 programs must obtain patient consent prior to disclosing Part 2 information for purposes of treatment, payment, and health care operations. However, it makes substantial changes to ***how such consent may be obtained*** and ***how information may be re-disclosed***.

How it applies to the HIE

- HIEs are tasked with the lawful exchange of patient health information and will benefit from streamlined consent provisions in the final rule.
 - The updated rules permit HIE's use of a single form under which a patient can consent to future disclosures of Part 2 information for the purposes of treatment, payment, and health care operations – or TPO – as defined under HIPAA. Consent forms are also allowed now to have an expiration date of “none.”
- At April's Policy Board meeting the Board voted to establish January 1, 2025 as the effective date for the DC HIE to comply with the final rule that modifies 42 CFR Part 2.

Subcommittee activity since April

- Technical requirements to support necessary changes in the HIE
- Notice of Privacy Practices (NPP) and Qualified Service Organization Agreement (QSOA) language
- Timelines for operationalizing changes and evaluate whether the effective compliance date needs to be adjusted

Technical Updates to Consent Tool for 42CFR Part 2 Final Rule Compliance

Legal Requirements

- Development of Updated QSOA
- Development of Updated NPP Language for 42CFR Part 2 Organizations ONLY
- Development of Updated CRISP Client Relationship Management (CRM) Matrix
- Develop of Updated Consent Form Language
- Legal Considerations and Second Opinions on Developed Materials

Technical Requirements

- Update Industry Categories in our CRM (Salesforce)
- New Consent Form Built in the CRISP DC Consent Tool
- Cutover from Old Form to New Form
- Mapping of Data Release Based on Consent Form to Proper Industry Types

Outreach and Education

- Capture New QSOAs from ALL 42CFR Part 2 Organizations (Required to Continue Sharing Data)
- Capture New NPP Attestations from ALL 42CFR Part 2 Organizations (Required to Continue Sharing Data)
- User Communication Plan for Cutover Date from Old Consent to New Consent (Reconsenting and New Users)

Potential Delayed Development Work

- HRSN Single Sign On with LinkU

Operationalizing 42CFR Part 2 Consent in 4 Phases Update

Provider and Patient
Technical Assistance
and Education;
Development, Review
and Dissemination

CRISP Legal Documents
Updated/Dissemination
to 42CFR Part 2 Entities

Begin
Collecting TPO
Consents

TPO Consents
Effective /
TPO-Based
Exchange
Begins

Start Date:
Now

Start Date:
July 22, 2024

Start Date:
October 1, 2024

Effective Date:
January 6, 2025
**(To account for
the Holiday)**

Draft NEW NPP Language for 42 CFR Part 2 Orgs Only

We have chosen to participate in CRISP DC, DC's designated health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP DC by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP DC by mail, fax or through their website at www.crisphealth.org. Certain reporting required by law, such as public health reporting and Controlled Dangerous Substances information, will still be available to providers even if you opt-out.

If you are being treated for substance use disorder by our facility, your data will *not* be shared through CRISP DC unless you file a consent to specifically share this information. If you elect to consent, your substance use disorder information will be shared with other clinicians who treat you, for payment of services, and other operational purposes like quality improvement and care coordination. Right now, to share your information, your consent must allow for the sharing of your information for all purposes related to treatment, payment, and operations. You can ask your clinician for more information about how to consent, what that consent means, and how you can revoke your consent.

Updated language to CRISP DC QSOA

See section III, B.

This Addendum provides for the sharing of Part 2 Information upon the Consent of the patient. Consent can be captured by the Program or any other clinical provider or payer with a relationship to the patient. The Consent must be entered into the CRISP DC portal; the Program agrees to update their Notice of Privacy Practices and explain to the patient that the Consent allows the Part 2 Information to be released for all treatment, payment, and operations purposes and provide appropriate education on the consequences thereof.

Subcommittee Recommendations

- ***Effective Date of Compliance*** – Amend April decision and approve January 6th, 2025, as the effective date for the DC HIE to comply with the final rule that implements a modification to the Confidentiality of Substance Use Disorder Patient Records regulations under 42 CFR Part 2.
- ***Operationalize in Four Phases*** – DC HIE take steps to operationalize the four phases of work to enable compliance with the final rule.
- ***Cross-agency collaboration*** – DHCF work collaboratively with DBH and agency partners to:
 1. Align final rule compliance effective dates; and
 2. Set and communicate aligned expectations for Part 2 providers, the DC HIE, recipients of Part 2 data, and patients.



Board Action
HIE Compliance w/
42 CFR Part 2
Update



Vote to amend the HIE Policy Board's April decision by shifting the effective date for the DC HIE to comply with the final rule modifying 42 CFR Part 2 from January 1 to January 6, 2025

Public Health HIE Use Cases

Ms. Tihitina Chamiso, HIE Policy Analyst, DHCF

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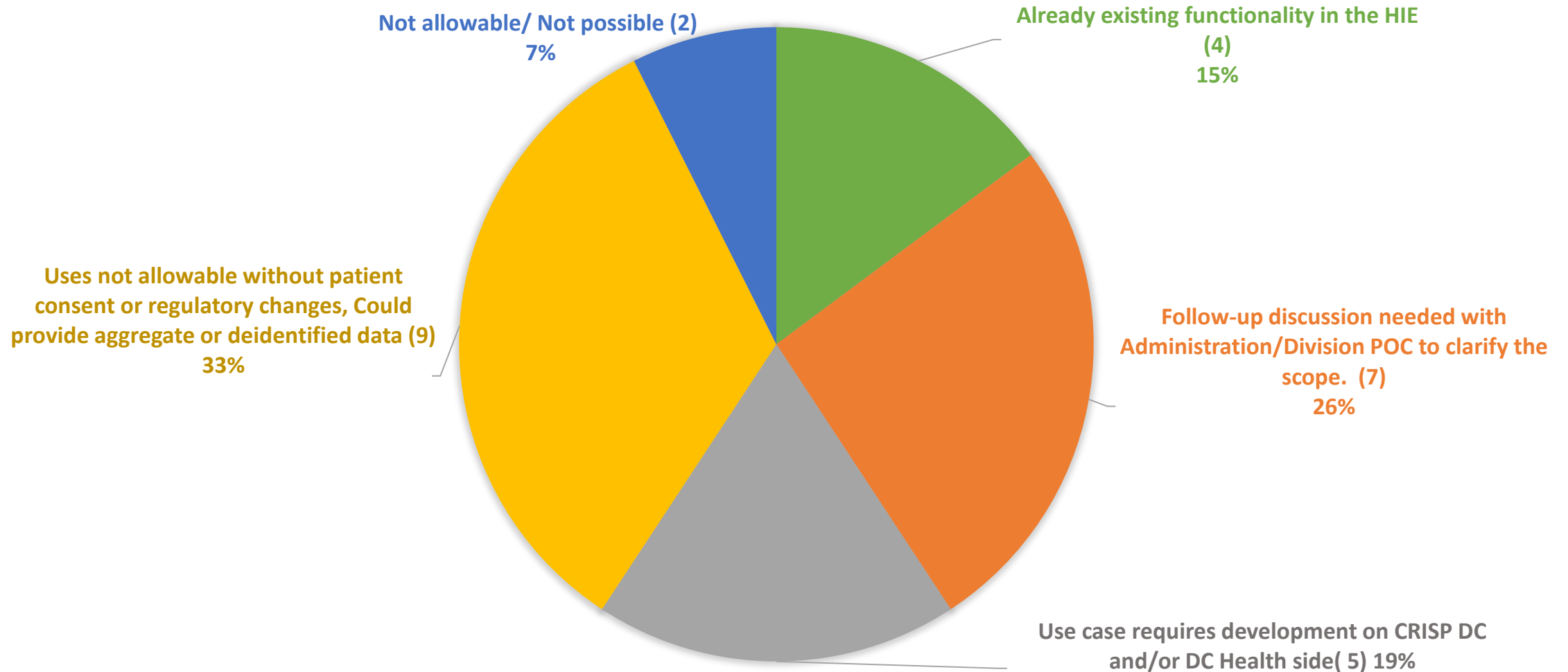
Ms. Larissa Pardo, Statistician, DOH

Allocated Time: 3:40 – 4:00 PM (20 mins.)

DC Health Data Use Cases



HIE Use Case Assessment Category Status



Assessment Categories: **Already Existing Functionality in the HIE**

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
1	HIV investigations	HAHSTA	Yes- District legislation - reportable disease	Already existing functionality in the HIE	DC Health will develop a two-level access granting process. CRISP DC will provide onboard, training and credential as needed.
2	Hepatitis and STI Investigations	HAHSTA	Yes- District legislation - reportable disease	Already existing functionality in the HIE	DC Health will develop a two-level access granting process. CRISP DC will provide onboard, training and credential as needed.
3	Perinatal HIV investigation	HAHSTA	Yes- District legislation - reportable disease	Already existing functionality in the HIE	DC Health will develop a two-level access granting process. CRISP DC will provide onboard, training and credential as needed.
4	Addressing data gaps of the District of Columbia Cancer Registry	CHA	Federal/DC regulation ((DC regulations (22-B DCMR §§ 125, 199, 215-218, and 299)	Already existing functionality in the HIE	Active according to CRISP..(needs a follow-up conversation between DC Health’s Cancer Registry team, DHCF and CRISP DC).

Assessment Categories: Follow-up discussion needed with Administration/Division POC to clarify the scope.

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
5	Primary Care Utilization	CHA	No-it is connected to the Mayor's strategy to reduce HIV infections	Follow-up discussion needed with Administration/Division POC to clarify the scope.	A meeting will be scheduled to discuss the next steps with CRISP DC, DC Health, and DHCF.
6	Surveillance System for Severe Maternal Morbidity (SMM) by evaluating health for pre-pregnancy, prenatal, postnatal	CHA	Federal/DC regulation ((DC regulations (22-B DCMR §§ 125, 199, 215-218, and 299)	Follow-up discussion needed with Administration/Division POC to clarify the scope.	A meeting will be scheduled to discuss the next steps with CRISP DC, DC Health, and DHCF.
7	Reproductive Health Surveillance (Youth)	CHA	No	Follow-up discussion needed with Administration/Division POC to clarify the scope.	CHA will work on a MOA with OSSE
8	Hepatitis C Cure Confirmation	HAHSTA	No	Follow-up discussion needed with Administration/Division POC to clarify the scope.	A meeting will be scheduled to discuss the next steps with CRISP DC, DC Health, and DHCF.
9	PrEP Use and Seroconversion Estimation	HAHSTA	No-it is connected to the Mayor's strategy to reduce HIV infections	Follow-up discussion needed with Administration/Division POC to clarify the scope.	A meeting will be scheduled to discuss the next steps with CRISP DC, DC Health, and DHCF.

Assessment Categories: Follow up discussion needed with Administration/Division POC to clarify scope

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
10	Immunization Data and Registry	CHA	No	Follow-up discussion needed with Administration/Division POC to clarify the scope.	A meeting will be scheduled to discuss the next steps with CRISP DC, DC Health, and DHCF.
11	Preventive dental visit for every child in DC.	CHA	No	Follow-up discussion needed with Administration/Division POC to clarify the scope.	CHA will work on a MOA with OSSE
12	Traffic-Related Injuries	HEPRA/CPPE	No	Follow-up discussion needed with Administration/Division POC to clarify the scope.	A meeting will be scheduled to discuss the next steps with CRISP DC, DC Health, and DHCF.
13	Evaluating Injury Recidivism	DC Health, DC OCME, DC MPD	Yes	Follow-up discussion needed with Administration/Division POC to clarify the scope	A meeting will be scheduled to discuss the next steps with CRISP DC, DC Health, and DHCF.

Assessment Category: Requires Development on CRISP DC and/or DC Health side

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
14	Newborn Hearing and Metabolic Screening Data in the District	CHA	No	Use case requires development on CRISP DC and/or DC Health side	CRISP currently does this in other jurisdictions and could implement it in DC to streamline the process. May require some funding
15	Vital Records Data	HASTA	Yes- District legislation - reportable disease	Use case requires development on CRISP DC and/or DC Health side	Requires development on the DC Health side. DC Health will work with CRISP DC on the possibility of integrating Vital records data into CRISP
16	Chronic Conditions and Obesity of School-Aged Children Surveillance	CHA	No	Use case requires development on CRISP DC and/or DC Health side	DC Health/OSSE MOA
17	Assessing Pediatric Mental Health Care Access & Utilization in the District	CHA	No	Use case requires development on CRISP DC and/or DC Health side	DC Health/OSSE MOA
18	Health System Assessment (DC Health immunization required reporting regulations)	CHA	DCMR 22B-129	Use case requires development on CRISP DC and/or DC Health side	Use case can be implemented through aggregate and/or deidentified data

Assessment Category: Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
19	Firearm Injury Surveillance	CPPE	CDC will soon push to make reportable. Trying to be proactive.	Uses not allowable without patient consent or regulatory changes, Could provide aggregate	Use case can be implemented through aggregate
20	Sexual Assault Surveillance System	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate	Use case can be implemented through aggregate
21	Hypertension, Stroke, Diabetes and Heart Diseases Surveillance	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	Use case can be implemented through aggregate and/or deidentified data
22	Robust Asthma Surveillance System	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	Use case can be implemented through aggregate and/or deidentified data
23	Cancer (Breast, cervical, colorectal, lung, and prostate) screening, diagnosis, and treatment trends among the District's population.	CHA	None. This request is not in response to a regulatory requirement	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	Use case can be implemented through aggregate and/or deidentified data

Assessment Category: Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
24	Adult Obesity Surveillance Data	CHA	None. This request is not in response to a regulatory requirement	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	Use case can be implemented through aggregate and/or deidentified data
25	Dementia Surveillance and Care Coordination	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	Use case can be implemented through aggregate and/or deidentified data
26	Evaluating Screening Rates of Physical and Socio-emotional Developmental Screenings	CHA	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	Use case can be implemented through aggregate and/or deidentified data
27	Overdose Surveillance	CPPE	No	Uses not allowable without patient consent or regulatory changes, Could provide aggregate or deidentified data	Use case can be implemented through aggregate and/or deidentified data

Assessment Categories: Not allowable/ Not possible

#	Use Case Name	Administration	Response to Regulation	Assessment Categories	Next Steps
28	Project WISH: Breast and Cervical Cancer Screening Program for uninsured population	CHA	None. This request is not in response to a regulatory requirement	Not allowable	None
29	Trauma Registry Data for Children's National Medical Center	HEPRA	response to regulation & DC council oversight	Not possible	No longer needed, None

Strategic uses of CMS Medicaid Enterprise System (MES) match funding

Deniz Soyer

Allocated Time: 4:00 - 4:20 PM (20 mins.)

Overview of CMS Medicaid Enterprise Systems (MES)

- Health Information Technology for Economic and Clinical Health (HITECH) funds sunset on September 30, 2021
- On October 1, 2021, the District smoothly transitioned to using CMS Medicaid Enterprise Systems (MES) funding for continued support of health IT/HIE infrastructure investments
- Infrastructure that is supported by MES is intended to help states efficiently manage and deliver Medicaid-funded services to eligible populations and streamline interoperability across providers and regulatory agencies
- MES has supported Medicaid Management Information System (MMIS), eligibility and enrollment, Medicaid Data Warehouse, and other technical infrastructure activities for years
- Since 2021, we have used it to also fund HIE and other digital health infrastructure initiatives that support person-centered care for Medicaid beneficiaries

Examples of DC HIE Infrastructure Supported by MES funding

- Critical supportive infrastructure (e.g. master patient index, data lake, eConsent)
- Integrations and technical assistance
- Notification services
- Provider directory
- Image Exchange
- Advance Care Planning
- PopHealth Analytics tool
- Health-related social needs (HRSN) tools

We use APDs to request funds from CMS

- Advanced Planning Document (APD) is a CMS mechanism to request federal matching funds for planning, implementation, and operations of technical infrastructure.
- DHCF's Digital Health Division staff prepare these proposals, circulate for internal review, and ultimately submit to CMS on behalf of the agency.
- Only State Medicaid agencies can submit these requests to CMS.

There are 3 major buckets of MES funding support

Planning

- **90/10 Match Funds**
- **Activities supported include:**
 - Impact assessments, gap analyses,
 - Proof of concept activities
 - Technical requirements analyses
 - Workgroup participation directly tied to system planning

Implementation

- **90/10 Match; 75/25 Match**
- **Activities supported include:**
 - Design, development, implementation of technical infrastructure
 - System integration/interfaces
 - User Training (75/25 only)

Operations

- **75/25 Match; 50/50 match**
- **Activities supported include:**
 - System, software, and web-based portal maintenance and operations
 - Technology must undergo readiness and/or certification through CMS to receive funding

Can agencies aside from DHCF leverage MES funding?

- Yes, by collaborating with us!
- To qualify for enhanced matching, state Medicaid agencies (and their partners) must show how these systems, enhancements, and technologies would benefit the Medicaid program and the population it serves
- MES can be leveraged to cover the costs of system enhancement, thus freeing up other funding sources to support modernized data management and use
- Please note, MES funding does not cover provider-owned systems or technology solutions

Components of MES funding

Match Funds

- Federal funding is available to agencies that have non-federal funding to meet the local match requirement
- Funding can generally support system acquisition, development, operation, and enhancement of state systems

Fair Share & Cost Allocation

- Start point for match funding involves identifying Medicaid's "fair share" of the cost. This is based on the proportion that the project would support Medicaid patients/population eligible for Medicaid
- Since investments would benefit programs other than Medicaid, other agency requests would need to work with DHCF to include a cost allocation plan

Conditions and Standards

- Must meet the conditions and standards for enhanced funding for Medicaid IT projects (e.g. interoperability, reuse)
- CMS approval and federal certification of the cost allocation plan may also be required

Scope of Work & Funding Request

- To apply for MES funding, state public health and behavioral health agencies will need to partner closely with state Medicaid offices, because APD submission and approval is managed by CMS regional offices

An example currently under CMS review...

- All-Payer Claims Database Planning Activities
 - Proposed by DC Health
 - Meets interoperability requirement for MES funding
 - Projected budget: \$150K
 - Eligible for 90/10 match – the 10% must come from local funds
 - Fair share demonstrating the proportion that would support Medicaid.
 - One method is to calculate by considering the proportion of DC Medicaid beneficiaries as a proportion of the total number of DC residents – 43% (or \$64,500 of project)

Non-Medicaid Cost (DC Health)	Medicaid Cost (CMS + DHCF)	90% Federal Share (CMS)	10% Local Share (DHCF)	Total Cost of Project (DC Health + CMS + DHCF)
\$85,500	\$64,500	\$58,050	\$6,450	\$150,000

What's included in DHCF's FFY25 Proposal?

Planning

- **90/10 Match Funds**
- **Digital Health Activities**
 - Prototyping exercise for reuse of existing state level registry technology
 - Strategic planning to support continued enhancement and implementation of infrastructure to support VBP and whole-person care initiatives
- **All-Payer Claims Database (APCD)** planning in partnership with DC Health to understand policy and infrastructure needs

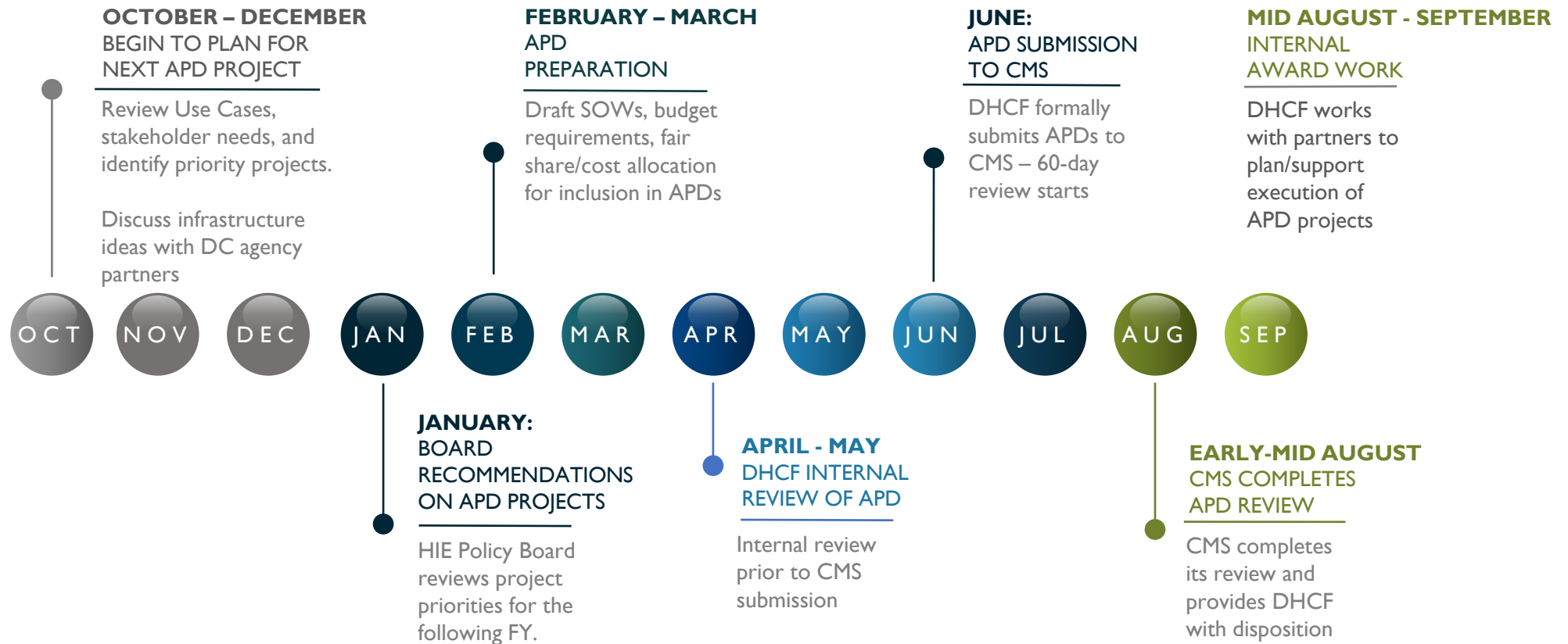
Implementation

- **90/10 Match; 75/25 Match**
- **Continued funding of HIE DDI:**
 - Health Related Social Needs (HRSN) tools (LinkU/FindHelp SSO Integration)
 - PopHealth Analytics tools
 - Integrations and Critical Support Infrastructure
 - Technical Assistance
- **New initiative – Bed Registry and Referral System to Support Behavioral Health Care Transitions**

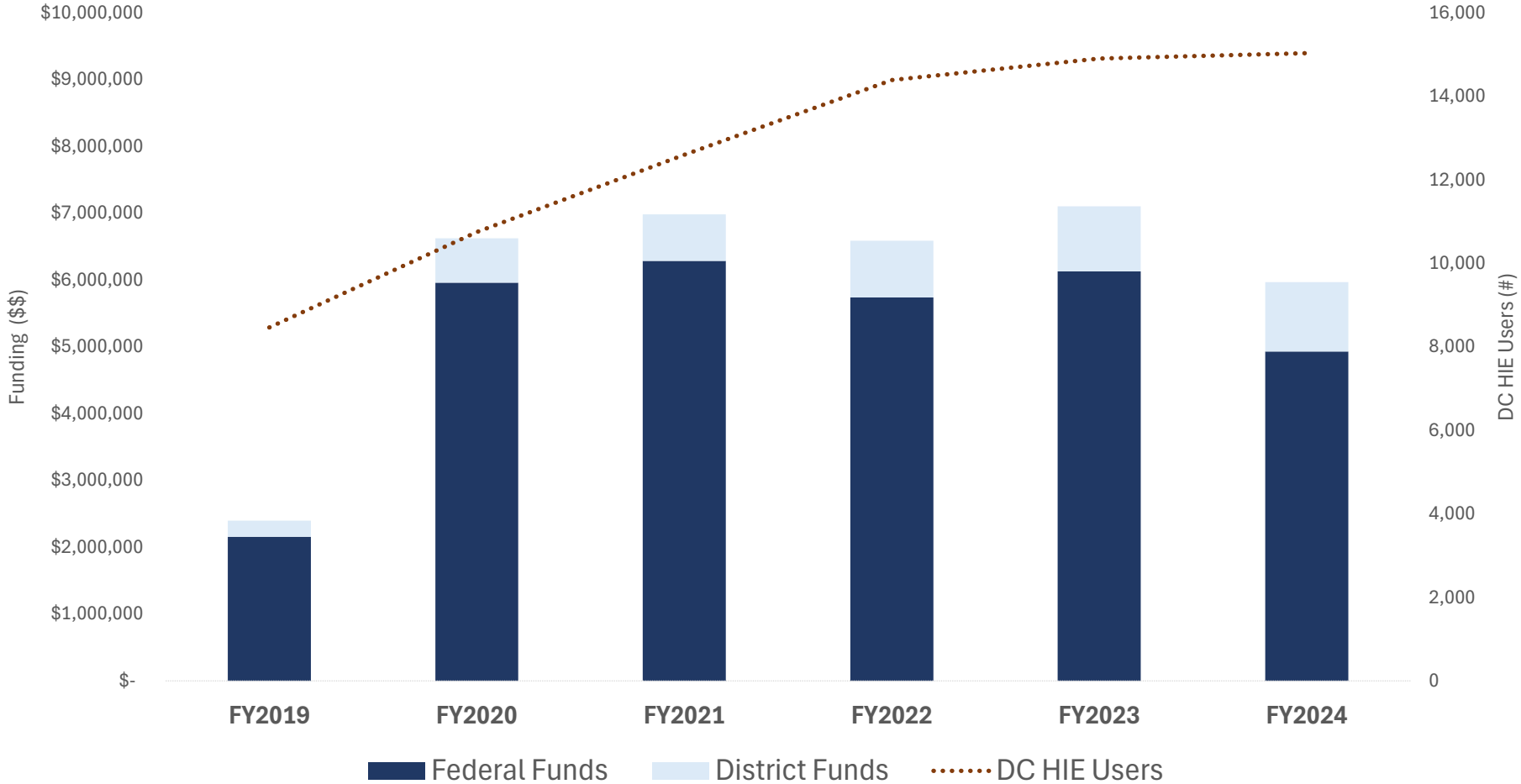
Operations

- **75/25 Match**
- **Continued funding HIE O&M Activities:**
 - Notification Services
 - Provider Directory
 - Image Exchange
 - eConsent and Critical Support Infrastructure
- **Transition from DDI – Advance Care Planning**

Annual timeline for project proposals and funding requests



Enabling a More Connected Health System by Maximizing Federal Funds, with Marginal District Spending



Over \$35 million has been invested into the DC HIE, since FY19. **Local funds have covered, on average, only 14% of those costs** to support infrastructure development, maintenance, and connectivity.

These investments enabled a **78% increase in District provider utilization of the DC HIE** over this period.

FFY26 Project Proposals

- Have an idea for an infrastructure project? Reach out to our team at DHCF to chat!
- Helpful information to have going into the conversation:
 - General scope of what you're trying to accomplish
 - Budget
- Accepting proposal ideas mid-October – December 31, 2024 to consider for inclusion in FFY26 APDs

Great reads/resources for ideas and to learn more about MES funding

- CMS MES funding resources:
 - <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16004.pdf>
- Behavioral health:
 - CMCS Informational bulletin on Accessing Enhanced Federal Medicaid Matching Rates for State Information Technology Expenditures to Improve Access to Mental Health and Substance Use Disorder Treatment and Care Coordination <https://www.medicaid.gov/federal-policy-guidance/downloads/cib06142024.pdf>
- Public Health:
 - <https://www.nashp.org/wp-content/uploads/2021/11/fact-sheet-using-new-and-existing-federal-funds-to-modernize-iis-1.pdf>
 - <https://www.immunizationmanagers.org/content/uploads/2022/12/Medicaid-Toolkit-ASTHO-75-25-Medicaid-Funding-Fact-Sheet.pdf>
 - <https://www.berrydunn.com/news-detail/collaborating-with-mes-to-leverage-funding-for-public-health-innovation>

1115 Waiver Renewal and Infrastructure

Plans for Continued Community Engagement

**Ms. Allie Liss,
Project Manager, DHCF**

Allocated Time: 4:20 – 4:35 PM (15 Minutes)



DHCF Submitted the Whole Person Care Transformation 1115 Waiver Renewal Application to CMS on June 6, 2024



DHCF's waiver renewal application included authority requests across three domains:

Continue Current Behavioral Health Transformation

Waiver Services:

- IMD services (fully carving-in payment to MCPs)
- MAT co-pay

Justice-Involved Reentry:

- RX upon release
- Reentry case management
- MAT
- BH counseling and therapy
- Behavioral and physical health screening
- Peer support services
- Intensive family-based services for youth
- Reentry Infrastructure

Health Related Social Needs (HRSN) Services:

- Housing
- Nutrition
- HRSN case management, outreach, and education
- HRSN Infrastructure



Planned: 18 Months of Community Engagement Leading up to a Targeted January 2026 Launch of New 1115 Waiver Services

Calendar Year (CY) 2024 Demo Year 5 (Current Waiver)		CY 2025 Demo Year 6 (Expected Waiver Renewal) <i>No new services – planning year</i>	 CY 2026 Demo Year 7 <i>Services Launch</i>
Fiscal Year (FY) 2024	FY 2025		FY 2026

This 18-month period will include significant focus on the infrastructure development essential to supporting the delivery of new services. This includes leveraging existing DC digital health infrastructure and technical assistance programs.

The Health System Redesign (HSR) Subcommittee of the MCAC (led by Sarah Hoffman) will serve as the forum for focused community engagement on the 1115 Renewal. The first 18 months of community engagement will be organized into three 6-month phases:

1. Pre-approval level-setting
2. Implementation planning for new services
3. Implementation readiness



Planned: Health System Redesign (HSR) Subcommittee Meetings Will Be Used to Solicit Community Input and Prepare for Implementation

Pre-Approval <u>Level-Setting</u> <i>June – November 2024</i>	Implementation <u>Planning For New Services</u> <i>December 2024 – June 2025</i>	Provider and System <u>Implementation Readiness</u> <i>June – December 2025</i>
<ul style="list-style-type: none"> ▶ Implementation examples from other states ▶ Level-setting on waiver authority, structure, and services ▶ Best practice guidance on implementation of new services ▶ Key infrastructure needs across the District Landscape 	<ul style="list-style-type: none"> ▶ Focused discussions to obtain community input across waiver implementation areas including: <ul style="list-style-type: none"> – Service definitions – Delivery system – Providers – Beneficiary eligibility – Referral systems 	<ul style="list-style-type: none"> ▶ Support readiness for the go-live of new services including sessions on: <ul style="list-style-type: none"> – Provider enrollment – Operational readiness (billing, documentation, etc.) – Determining beneficiary eligibility



Planned: Monthly HSR Subcommittee Meeting Cadence for 1115 Waiver Planning

HSR Subcommittee Meeting Structure

Meetings will be supplemented with pre- and post-meeting work

Focus: Distinct topic area of focus for each month

Examples – service definitions, delivery system, eligibility

Part 1:

- Overview topic
- Case studies, implementation examples, best practices
- Cross-cutting conversations across topic area

Part 2:

- Break out into domain groups (i.e. **BH**, **reentry**, **housing**, **nutrition**) for working session
- Domain group-based expert presentations and Q&A
- Regroup to summarize takeaways

Considerations for the Proposed HSR Subcommittee Structure:

- ▶ Balance of cross-cutting and domain-specific conversations
- ▶ Creation of consistent expectations for participation, including calendar blocking for key stakeholders
- ▶ Alignment of meeting topics with timing operational deadlines to facilitate meaningful input
- ▶ Staff (and community) bandwidth



Questions for Discussion

- ▶ Are there any topics that you think it is particularly important to cover/ focus on during these conversations?
- ▶ Do you have suggestions for reaching out to groups not previously participating in the HSR subcommittee?
 - **Reminder:** HSR Subcommittee is public and open to anyone. We plan to build on community engagement from the renewal application development process AND do outreach to additional groups to join meetings and provide feedback.

Though we are still in the early stages of planning, we look forward to leveraging existing District digital health infrastructure and technical assistance efforts to support the implementation of new 1115 waiver services.



Get Involved and Make Sure You're Getting Updates

- ▶ Refer someone – are there people who you think we should reach out to?
- ▶ Are you on the email list to receive updates on the 1115 waiver?

Email DHCF.Waiverinitiative@dc.gov and we will add you to the list and/or outreach to any referred stakeholders.

DC HIE Designated Entity Updates

Ms. Stephanie Brown
Executive Director, CRISP DC


Allocated Time: 4:35 – 4:50 PM (15 mins.)

News and Updates

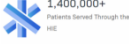
- ASTHO, NNPHI, and PHAB announced the selection of **CRISP Shared Services**, Guidehouse, and Mathematica to serve as the three Implementation Centers.*
 - Support public health agencies as they modernize their data systems
- CSS is now providing HIE services to South Carolina and Rhode Island

* <https://www.astho.org/communications/newsroom/2024/public-health-infrastructure-partners-launch-national-implementation-center-program/>


Communications and Social Media


PULSE Newsletter | Summer 2024

We've worked diligently to design and deploy technology solutions through the Health Information Exchange (HIE) to support and provide access to the right information, at the right time. We strive to connect more with you, gather your feedback, and regularly share the status of our ongoing projects for you, your patients and healthcare in DC.



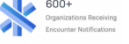
1,400,000+
Patients Served Through the HIE



1k+
Organizations Accessing and Contributing Data



All District
Hospitals
Partnering with the HIE



600+
Organizations Receiving
Encounter Notifications

Introducing CEND and Population Explorer

We're excited to announce the transition that will enhance your experience with CRISP DC. This shift represents a significant upgrade in our ability to deliver timely and accurate encounter notifications to our users.

[Read More](#)


DC HIE Consent Management Solution

Hear from Medical Home Development Group's Chief Clinical Operating Officer, Zarfishan Zahid, MD, about implementing the Consent Tool and the lessons learned.

"Our experience has shown that trust, education, and empathy are the cornerstones of successful patient engagement in SUD data consent."

"Our workflow integrates consent discussions naturally into various points of patient interaction. By embedding consent processes into our Electronic Health Record (EHR) system, we can efficiently track and manage consent attempts."

[Keep Reading](#)



A New SDOH Suite of Tools


Coming soon to the HIE: CRISP DC is partnering with the DC Department of Health and findhelp to provide access to LinkU, DC Health's screening and referral platform powered by findhelp!


[Learn More](#)

Sharing is Caring: Articles We Enjoyed Reading

MedStar, Hennepin Healthcare Recognized for Quality, Population Health Programs

HHS Finalizes Information Blocking Disincentives




[View all 9 employees](#)

CRISP DC
Hospitals and Health Care
Washington, District of Columbia · 141 followers
The District of Columbia's Designated Health Information Exchange

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About us

As the designated Health Information Exchange (HIE) for the District of Columbia, CRISP DC's main goal is to deliver the right health information to the right place at the right time to enable safe, timely, effective, equitable, and patient-centered care. CRISP DC is committed to ensuring that District partners are securely sharing data to facilitate better patient care, reduce costs, and improve overall health outcomes.

Website	www.crispdc.org
Industry	Hospitals and Health Care
Company size	2-10 employees
Headquarters	Washington, District of Columbia
Type	Nonprofit
Founded	2017
Specialties	Health Data, HIE, Health Information Exchange, Health Data Exchange, and Secure Data Exchange

Pivoting in Strategy- Social Determinants of Health

CRISP DC

A New Suite of SDOH Tools - Coming Soon to the HIE

CRISP DC is partnering with the DC Department of Health and findhelp to provide access to LinkU, DC Health's screening and referral platform powered by findhelp! CRISP DC users will be provided a username and log-in to LinkU to access via the **web-based CRISP DC Portal** or **SSO** in the InContext App, which will allow them to:

- Conduct a **social needs screening assessment**
- Send **closed-loop referrals** to community-based organizations
- Search for **community resource information** available in the District

How is this solution different than the existing social needs tools available in CRISP DC?

The LinkU tools will provide the same functionality as CRISP DC's existing in-house closed-loop referral tool, direct entry screening tool, and community resource directory. The main difference is users will now be able to complete the above-mentioned actions solely by using LinkU, which contains a robust directory, a built-in screening assessment, and various organizations across social domains that accept referrals. All data collected in LinkU will be displayed in the Social Needs Tab in CRISP DC for all members of a patient's care team to view.

When will LinkU become available?

LinkU tools will be available via the CRISP DC platform in Fall 2024. CRISP DC plans to **sunset the CRISP Referral Tool by June 18th, 2024**. In the meantime, users are encouraged to leverage LinkU's public-facing directory to find resources available, which can be found at <https://linku.findhelp.com>. More information to follow in the coming months regarding access to the LinkU platform!

How can I participate in CRISP DC's social needs data sharing efforts at this time?

As CRISP DC works towards the launch of LinkU, organizations can still participate in social needs data sharing efforts by reaching out to CRISP DC Project Lead, Abby Lutz, at abby.lutz@crisphealth.org to share your patient's social needs assessment or z-code data to the DC HIE directly.

Where can I go for the most up-to-date information?

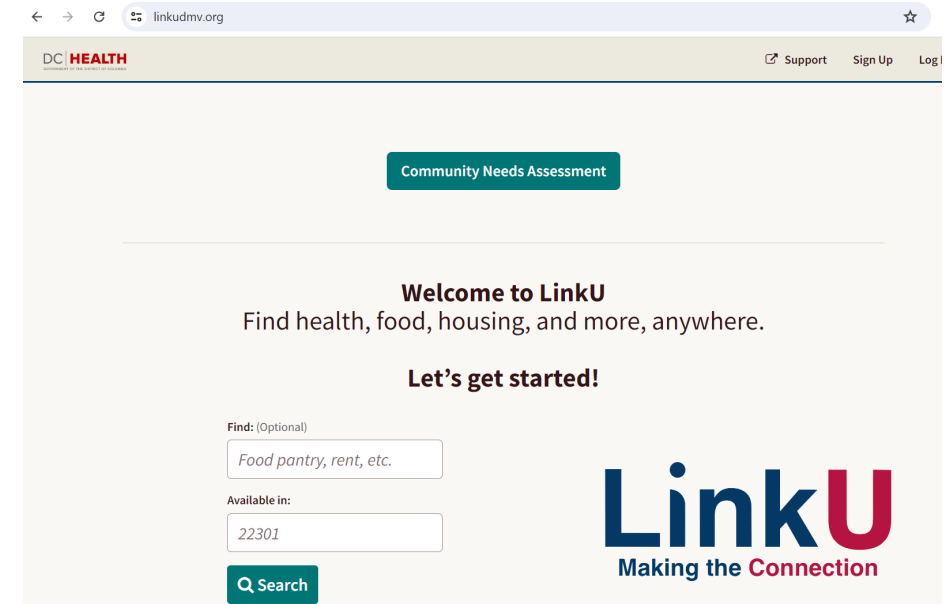
Users will be notified of LinkU updates via our communication emails and our CRISP DC Newsletter. These updates might include important information regarding the SSO capability, onboarding process to LinkU site, and ways to provide feedback on the LinkU platform.

Health Related Social Needs (HRSN)

To remain responsive to the business decisions of the District's public health authority, CRISP DC is building a single-sign-on integration with Findhelp (formerly Aunt Bertha).

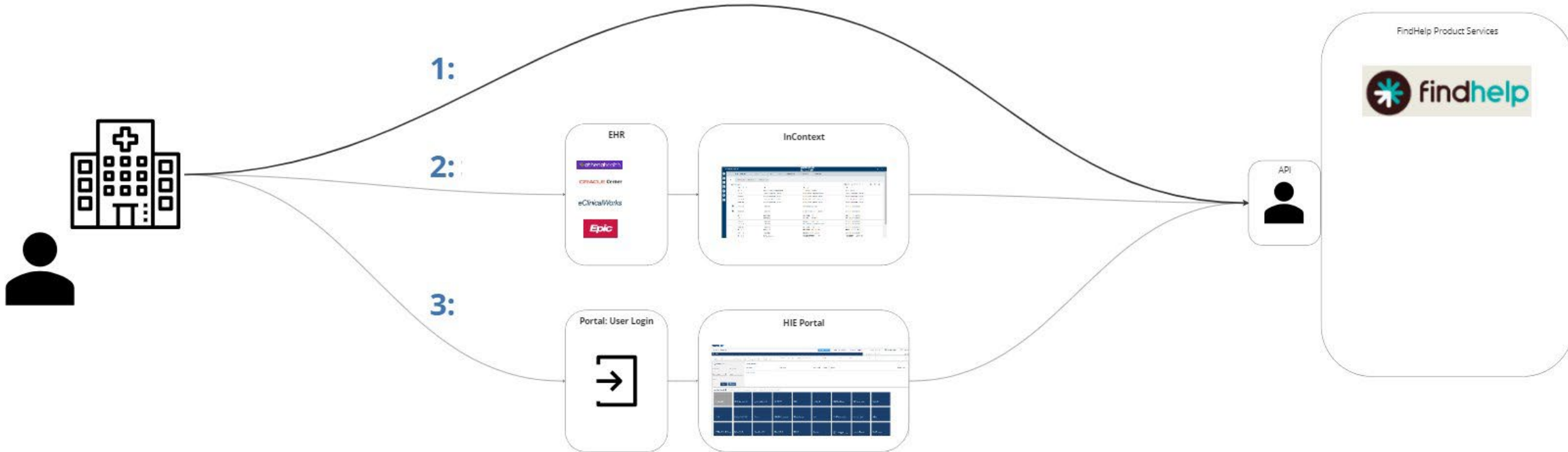
Findhelp provides DC Health with social needs resource directory, referral and screening solution they have named LinkU.

“Findhelp is a social care network that connects people and programs — making it easy for people to find social services in their communities, for nonprofits to coordinate their efforts, and for customers to integrate social care into the work they already do.”



The screenshot shows the LinkU website interface. At the top, there is a navigation bar with the DC HEALTH logo on the left and links for Support, Sign Up, and Log In on the right. Below the navigation bar is a teal button labeled "Community Needs Assessment". The main content area features a welcome message: "Welcome to LinkU" followed by "Find health, food, housing, and more, anywhere." and "Let's get started!". There is a search form with two input fields: "Find: (Optional)" containing the text "Food pantry, rent, etc." and "Available in:" containing the zip code "22301". A teal "Search" button is positioned below the input fields. To the right of the search form is the LinkU logo, which consists of the word "LinkU" in blue and red, with the tagline "Making the Connection" below it.

CRISP DC and LinkU Integration



Public Comments



Allocated Time: 4:50 - 4:55 PM (5 mins.)

Next Steps/ Adjournment



Allocated Time: 4:55 – 5:00 PM (5 mins.)

Upcoming HIE Policy Board Meeting

- **Date and Time:** **October 24, 2024**, from 3:00 pm to 5:00 pm ET
- **Location:** **In person meeting** at Department of Health Care Finance

Stay tuned for more information closer to the meeting date!

Appendix

OCE Recommendation Table

Table 1: Transitions of Care Data Elements – TEP Recommendations and Rationale for Alignment

Data Element	Recommendation	Rationale
Medication Allergies	Align definition with USCDI	To distinguish between allergies, side effects, and understand risks with substances.
Vital Signs	Align definition with USCDI	Include augmentation of raw measurement values to provide direct actionability for healthcare providers. Additional elements like oxygen concentration and BMI percentile for specific ages are crucial for accurate monitoring and growth tracking, especially in infants and children.
Discharge Medications	Modify the current definition	Include more detailed information on units of measure and medication instructions, ensuring comprehensive information is available for continuity of care.
Immunizations	Retain the current definition	Continue the focus incorporating immunization registry connections to align exchange of this information with the broader registry exchange and definitions.
Discharge Diagnosis	Retain the current definition	Provides appropriate context with granular detail. ICD-10 is primarily used by providers, avoiding confusion with LOINC and SNOMED CT codes. TEP also recommended leveraging ICD-10 diagnoses codes with additional emphasis on inclusion of Z codes.
Reason for Visit	Retain current definition	USCDI definition focuses on encounter disposition
Lab Results	Align definition with USCDI	Prioritize inclusion of tests, values/results, specimen type, result status, unit of measure, reference range, interpretation, and condition acceptability for comprehensive assessment.
Procedure and Consult Notes	Retain the current definitions	Important for ensuring all relevant notes are listed and accessible within clinical notes. There may be an opportunity to improve distinctions between note types and their display in the HIE.

OCE Recommendation Table (continued)

Data Element	Recommendation	Rationale
Point of Contact	Explore potential definition details	Consideration of which care team members and settings should be included for comprehensive care coordination.
Plan of Care	Explore potential definition details	Additional exploration on how to better capture and display treatment plans, reasons for referral, and treatment changes in clinical and progress notes as an industry standard is needed.
New Element Proposed: Treatment Intervention Preference	Explore potential definition details	Supports patient-centric care by considering the capacity to include preferences for care and treatment. Understanding of current data capture is necessary to inform a future recommendation