



October FY25 Medical Care Advisory Committee (MCAC) Meeting

October 23, 2024 | 5:30 PM – 7:30 PM ET

Virtual Meeting



Housekeeping

▶ Introduce yourself in the chat

- Name
- Organization
- MCAC member or non-member

▶ Keep yourself muted unless speaking

▶ You can add questions to the chat or use the raise hand function

▶ This meeting will be recorded

- DHCF will post a recording of the meeting to the [MCAC webpage](#) after the meeting



Agenda

- ▶ **Welcome and Roll Call**
- ▶ **DHCF Report Q&A**
 - SPA, Waiver, Rule Report
- ▶ **DHCF Updates and Discussion**
 - Non-MAGI Eligibility Process
 - New Federal Rules
 - Consolidated Appropriations Act (CAA) Youth Reentry Requirements
 - Medicaid Renewal Dashboard
 - Compensating Beneficiaries for MCAC participation
 - New Enrollment and Renewal Materials Rollout
- ▶ **Subcommittee Report Out**
 - Access
 - Health-System Redesign
- ▶ **Public Announcements**



Welcome and Roll Call

New MCAC members



Welcome to Our Newest MCAC Members!

- ▶ **Dr. Andrew Robie**, Unity Health Care
- ▶ **Portia Cole**, Trinity Washington University
- ▶ **Rachelle Ellison**, People for Fairness Coalition
- ▶ **(MCAC Chair) Saleem Shah**, New Hampshire Medical Supply
- ▶ **Tabitha Morris**, The Healing Palace

Thank you to all of the great applicants who applied to be on the MCAC– we look forward to your continued participation and contributes to the MCAC and MCAC subcommittees.



DHCF Report Q&A

Waiver, SPA, Rules Report



DHCF Updates and Discussion

Non-Magi Eligibility Process

New Federal Rules Timeline

Consolidated Appropriations Act of 2023 Youth In-Reach Requirements

Medicaid Renewal Dashboard

Compensating Beneficiaries for MCAC Participation

New Medicaid Enrollment and Renewal Materials Rollout



DHCF Begins Simplified Renewal Process for Medicaid HCBS Effective September 1, 2024

- ▶ **The District is implementing a simplified renewal process for the majority of HCBS Waiver enrollees beginning September 1, 2024 (Cohort with November 30 recert dates), in order to:**
 - Simplify the renewal process for HCBS individuals who have already been redetermined eligible since unwinding;
 - Help alleviate processing backlogs associated with HCBS renewals; and
 - Advance District’s work toward full compliance with federal ex-parte renewal requirements for all Medicaid populations.
- ▶ **Throughout Medicaid Restart process, DHCF has seen a relatively low rate of HCBS beneficiaries who submitted their renewal, subsequently be determined ineligible (Rate is below one percent)**
 - Majority of conversion* renewal cases are processed, making this new flexibility effective.
 - *Recall that the conversion renewal process allowed Non-MAGI case transition to DCAS after sunset of ACEDS (the District’s legacy eligibility system)



Simplified HCBS Renewal Process Overview

▶ **Simplified Process: DHCF will implement a no-touch renewal strategy for HCBS enrollees beginning September 1, 2024.**

- DHCF will use electronically available information to check 1) level of care and 2) residency for current HCBS waiver enrollees at recertification
- Enrollees who “pass” data checks at initiation will have their eligibility extended for a year, through their next recertification date; all others will receive a non-passive renewal
- This is different from continuous eligibility. DHCF will still react to eligibility changes that are reported to the agency during the extended recertification period

▶ **Applicable Programs: Initially, this process will only apply to 1915C Waiver Programs: EPD (Elderly and Persons with Disabilities); IDD (Intellectual and Developmental Disabilities); IFS (Individual and Family Support)**

- Nursing facility, ICF, PACE, and Spend-Down beneficiaries are excluded for now.
- To the extent anyone in an excluded category is extended unintentionally, DHCF will work with providers/case managers to ensure a non-passive renewal is completed.



Simplified HCBS Renewal Process Overview (continued)



▶ Beneficiary Notice:

- Beneficiaries eligible for the simplified renewal process will receive a passive renewal notice. Notices will inform residents of their coverage renewal for the next 12 months

▶ Process for Case Managers:

- No Changes to Level of Care Requirements and Submissions; DDS and EPD Waiver (Including Dual Choice) Case Managers should still upload LOC documentation through District Direct Provider Portal
- If someone loses LOC (rare if at all for IDD/IFS), they will receive adverse action notice and lose coverage

▶ Change of Circumstances:

- DHCF will still react to eligibility changes that are reported to the agency during the extended recertification period (ICF/NF Admission, Waiver enrollment changes, death, voluntary termination of benefits)
- Case managers must continue to submit Change of Circumstance information during this period

▶ Expected Impact:

- Simplified renewal process for case managers, enrollees, and eligibility processors



Simplified HCBS Renewal Process Next Steps



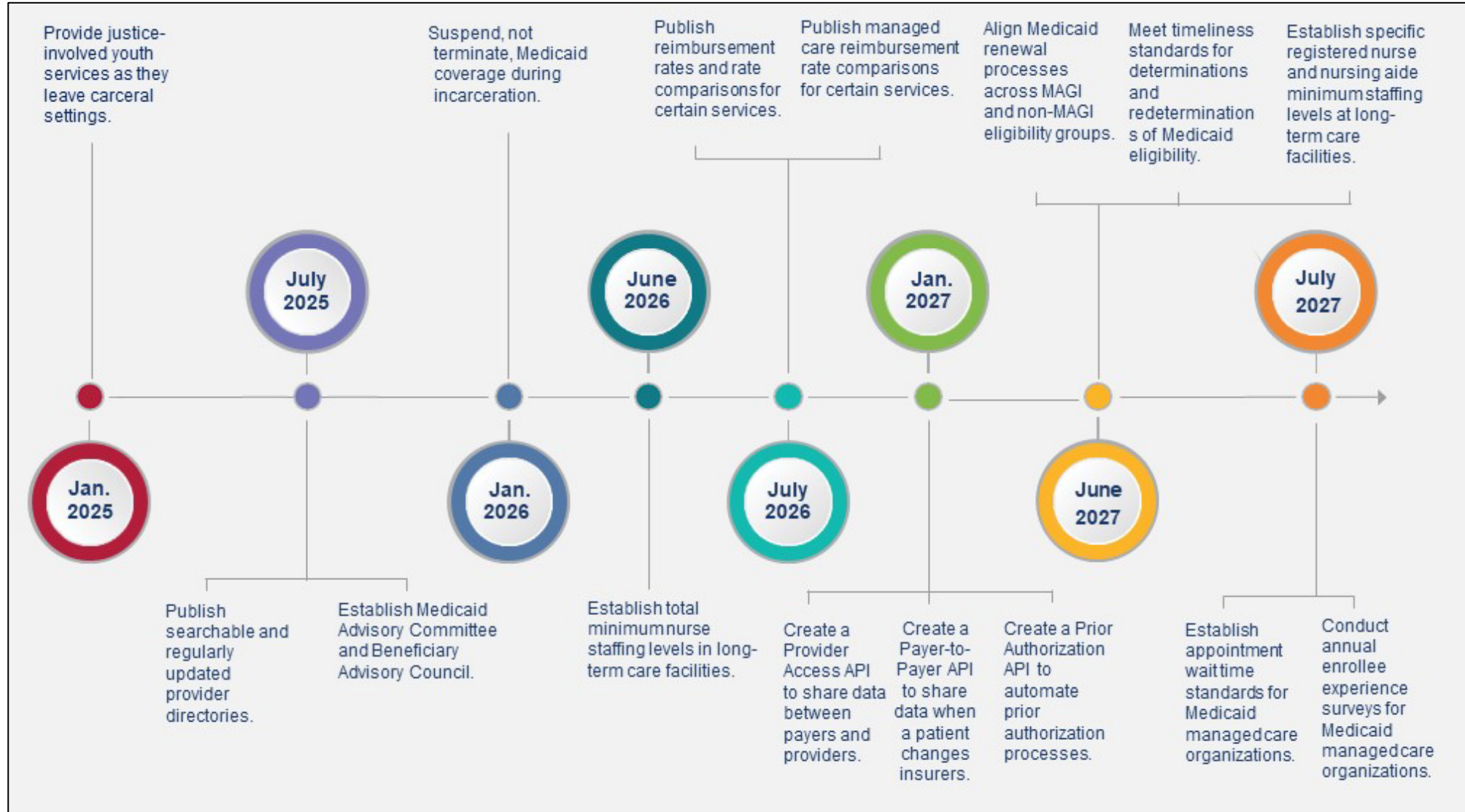
- ▶ This process is a continuation of DHCF's commitment to make the Medicaid Restart and Medicaid renewal processes as simple as possible for Medicaid enrollees.
 - DHCF has previously implemented temporary Non-MAGI extensions, universal 90-day grace period, no resource checks at renewal, etc.

- ▶ DHCF expects to expand this simplified renewal process other LTSS groups over the next year.
 - DHCF will communicate anticipated changes through community meetings (like this one) in advance of implementation of additional changes
 - Recall other Non-LTSS, Non-MAGI groups are already being passively renewed following completion of the conversion renewal process.

- ▶ DHCF is working with Centers for Medicare and Medicaid Services (CMS) to receive full federal concurrence with the proposed simplified renewal process.
 - DHCF will communicate any changes to this process made to comply with requirements from CMS

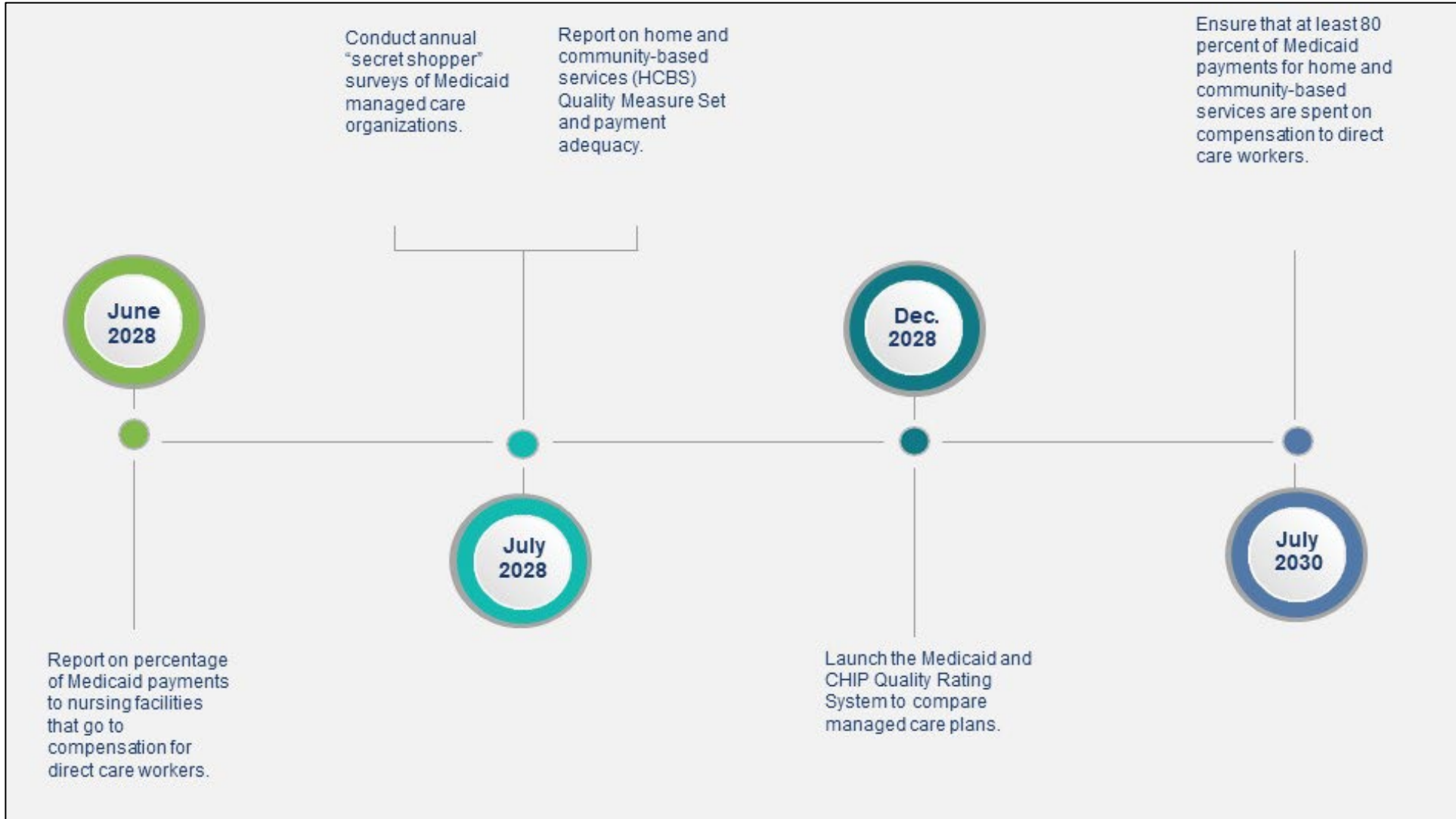


New Federal Rules Will Impact Medicaid Program Operations and Delivery Between Now and 2030





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New Federal Requirements: Section 5121 of the Consolidated Appropriations Act (CAA) of 2023



- ▶ As part of the CAA of 2023, Congress included a requirement (section 5121) that Medicaid programs have a plan in place and cover certain services for eligible post-adjudication individuals beginning January 1, 2025. These services include:
 - Screening and diagnostic services in accordance with EPSDT; and
 - Targeted case management services, which are to continue for at least 30 days post-release
- ▶ States have the flexibility to use carceral and/or community providers to furnish required services
- ▶ States must ensure that all providers comply with Medicaid provider participation requirements
- ▶ This is distinct from the 1115 reentry waiver, though the services and populations overlap



Who is impacted?

Section 5121 Guidance: Eligible Juveniles (SHO 24-004 page 12-13)

- ▶ **Medicaid criteria - “eligible juvenile” is defined as an individual**
 - who is under 21 years of age determined eligible in any eligibility group or an individual 18-26 in the former foster care eligibility group
 - who was determined eligible for Medicaid before becoming an inmate of a public institution or
 - who is determined eligible for Medicaid while an inmate of a public institution

- ▶ **Justice and setting criteria**
 - Who is being held “post-adjudication” as an inmate of a public institution wherein it is determined that the eligible juvenile committed the charged act and the court ordered the eligible juvenile held as an inmate of a public institution as part of the disposition of charges
 - Within 30 days of release to a community setting



What is a public institution?

Section 5121 Guidance: Settings (SHO 24-004 page 13)



▶ The guidance clarifies that eligible settings include:

- State prison
- County jail
- Detention facilities
- Other correctional facilities, e.g. wilderness camps/ boot camps
- DOES NOT INCLUDE federal prisons

▶ In the District, this includes:

- Youth-specific detention facilities: Youth Services Center (YSC), New Beginnings Youth Development Center (NB) – both operated by DYRS
- Adult detention facilities: Central Detention Facility (CDF), Carceral Treatment Facility (CTF) – Collectively the DC Jail operated by DOC



What services must be provided?

Section 5121 Guidance: Screening and Diagnostic Services (SHO 24-004 page 14-15)



- ▶ **Screening and diagnostic requirements for individuals under 21**
 - Any screening or diagnostic service which meets reasonable standards of medical and dental practice as determined by the state
 - States may use EPSDT standards since they are already established, but also may develop additional standards for juveniles during the pre and post release period

- ▶ **Screening and diagnostic requirements for individuals over 21**
 - Screening services when medically necessary to determine existence of a physical or behavioral health illness or condition as well as diagnostic services when a screening service indicates the need for further evaluation and when such diagnostic services are otherwise medically necessary

- ▶ **Screening and diagnostic requirements for all eligible individuals**
 - If the state determines that the screening and/or diagnostic service(s) prior to secure detention, upon entry to the facility, and/or during other points of detention prior to 30-days of their scheduled release date, those satisfy the requirements of the act



What services must be provided

Section 5121 Guidance: Case Management Services (SHO 24-004 page 15-17)

▶ Case management requirements for all individuals

- Services that will assist and eligible individual in gaining access to needed medical, social, educational, and other services
- Services described in 42 C.F.R. section 440.169
 1. Comprehensive assessment and periodic reassessment of individual needs
 2. Development and periodic revision of person-centered care plan
 3. Referral and related activities (such as scheduling appointments)
 4. Monitoring and follow up activities

Case managers, which can be carceral or community-based providers, should assist with physical health, behavioral health, and HRSNs



There are Two Separate but Related Efforts at the Intersection of Medicaid and Youth Reentry Over the Next 2 years



Section 5121 of the Consolidated Appropriations Act of 2023 Services (CAA Services):

1. Targeted case management
2. Screening and diagnostic services that, at a minimum, meet Medicaid Early and Periodic Diagnostic, Screening, and Treatment (EPSDT) screening and diagnostic standards

Whole Person Care Transformation 1115 Waiver Services (1115 Services):

1. 30-day supply of Rx 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

Parameters	CAA	1115 Waiver
Population limitations	Post-adjudication only	none
Time prior to release	30 days	90 days
Implementation timeline	Mandatory 1/1/2025	Likely 1/1/2026



What does CMS require from Medicaid agencies? Section 5121 Guidance: Internal Operational Plan (SHO 24-004 page 19)



- ▶ **The state must submit a SPA that attests to having an internal Operational Plan (the state does not need to submit the plan to CMS, and will only be required to furnish the plan to CMS upon request)**
 - Establishing an operational system and updating as needed to perform functions (e.g. data exchange w/ secure detention facilities)
 - Procedures for enrollment, notifications, and claims processing
 - Processes to ensure timeliest provision of screening and diagnostic services (if not covered 30-days prior to release)
 - Policies and procedures to ensure pre-release services don't lead to delay of release
 - New or updated staff-level policies/ workflows for impacted processes
 - New or updated provider and beneficiary level operational policies/ workflows for impacted processes
 - Training, education, and outreach
 - Integration with current Medicaid operations



DHCF is Working Closely With Sister Agencies and Reaching Out to Community Partners to Inform Implementation



- ▶ DHCF has been partnering closely with DYRS and DOC throughout the project planning process for both the 1115 waiver renewal submission and the CAA Section 5121 youth reentry requirements
- ▶ DHCF has also met with other youth justice stakeholders independently, and received feedback as part of ongoing community engagement through the Health System Redesign (HSR) subcommittee
- ▶ Please send any suggestions for additional outreach and engagement around Medicaid in-reach to dhcf.Waiverinitiative@dc.gov



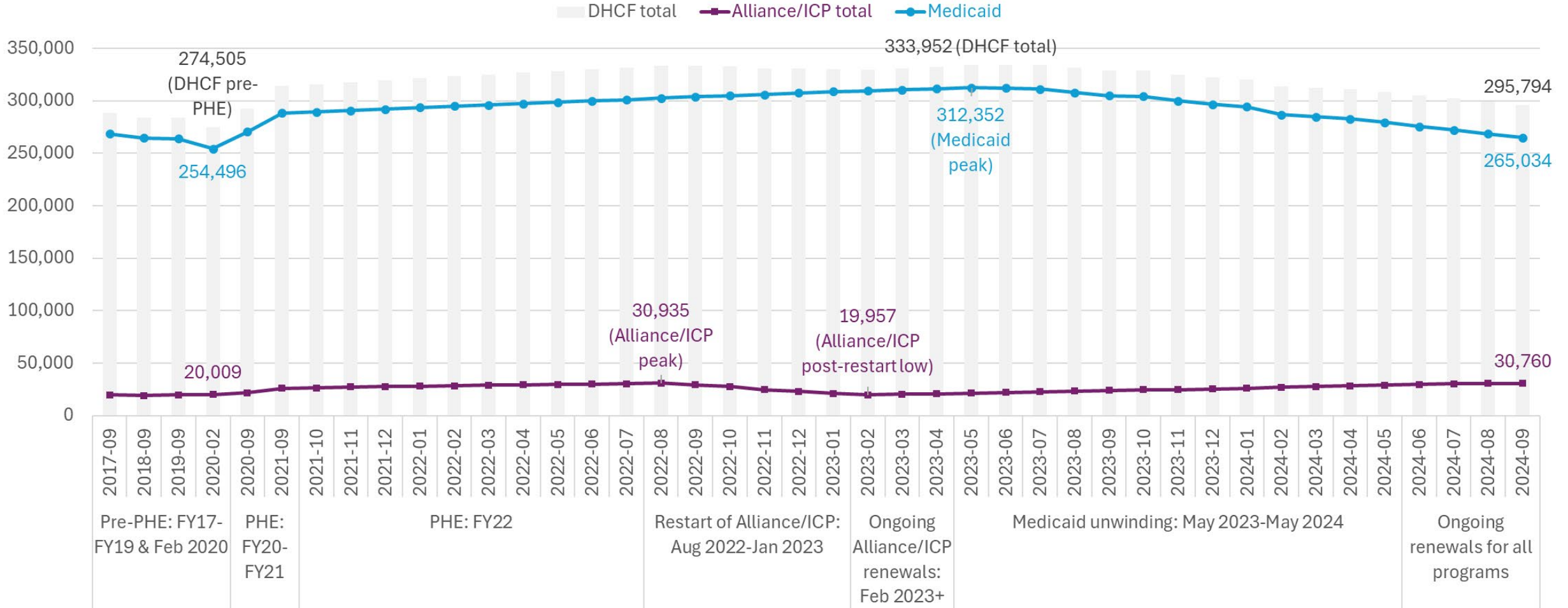
Moving Out of the Medicaid Unwind: Update on Enrollment Dashboard



- ▶ Medicaid beneficiaries due in May 2024 reflected the final cohort due for a renewal following the end of the public health emergency, marking the end of the “unwinding” process and a return to routine annual renewals.
- ▶ The District ranks among the top in the nation for the total percentage of Medicaid beneficiaries renewed through the unwinding period. Part of this success is attributable to DC’s high ex parte (passive) renewal rate.
- ▶ DHCF will release a new dashboard with up-to-date eligibility and enrollment data in November. Information published throughout the unwinding period (including a dashboard and accompanying reports on redeterminations) remains available at: <https://dhcf.dc.gov/medicaid-renewal>.
- ▶ As shown on the following slide:
 - Medicaid enrollment peaked at more than 312,000 in May 2023 prior to unwinding and remains above pre-PHE levels. Data for the most recent months is not yet complete because a substantial number of beneficiaries renew during their 90-day grace period.
 - The restart of Alliance and Immigrant Children’s Program renewals began in August 2022. Enrollment decreased to approximately 20,000 after the restart but has returned to PHE levels, due in part to high growth in first-time enrollment of new individuals. Buses that began arriving from the border in 2022 are likely a contributing factor.



Moving Out of the Medicaid Unwind: Enrollment Trends, DHCF Total and by Program



Note: Recent enrollment will be undercounted until at least three full months have elapsed due to retroactive eligibility (e.g., individuals who renew coverage during their 90-day grace period).



Upcoming: Recognizing Experience Expert Participation on MCAC



Providing compensation to beneficiaries and caregivers for their time recognizes the importance of lived experience

- **BENEFICIARIES**
- **BENEFICIARY CAREGIVERS**
-

Refers to active involvement in shaping the design, implementation, and evaluation of programs and policies.

New Policy:

- ▶ Starting this fiscal year, DHCF will provide gift cards to beneficiary members of the MCAC as compensation for their participation and expertise.
- ❖ Beneficiaries will receive a gift card equivalent to the living wage for two hours of meeting participation plus additional expenses that may occur to participate in the engagement

Next Steps:

- ▶ DHCF will implement the policy in a phased approach, starting with MCAC beneficiary member participation in the December MCAC meeting.



Upcoming: New Medicaid Program Materials

- ▶ Now that we are moving from the unwinding into regular eligibility redeterminations, DHCF has created new outreach materials
- ▶ Materials include:
 - 3 short videos on "How Do I Update My Medicaid Information", "How to Renew My DC Medicaid Health Insurance"; and "Introduction to District Direct";
 - 3 trifold fliers on Medicaid benefits; long term services and supports; and the Katie Beckett eligibility pathway; and
 - 2 fliers and palm cards on "5 Things to Know About Medicaid; and "How to Stay Covered"
- ▶ DHCF plans to formally roll out materials over the coming months. We will discuss next go-around



Questions for The MCAC on Formal Rollout of New Medicaid Program Materials



- ▶ Do you have suggestions for DHCF's formal rollout of new materials?
- ▶ Are there any particular groups who DHCF should be sure to engage/ share materials with?
- ▶ What lessons learned can we apply from the Medicaid Unwinding?



Subcommittee Report Out

Access

Health-System Redesign



Public Announcements



Get Involved and Make Sure You're Getting Updates

The next meeting will be December 18, 2025 at 5:30PM – we look forward to seeing you all there!

If you (or other community members and partners) are not already receiving MCAC meeting invites, you can email the newly established dhcfMACandBAC@dc.gov and we will add you to the list.

If you are already receiving MCAC invites and emails, no action is needed.