

## 1115 Whole-Person Care Learning Collaborative

### Kickoff Session Q&A

#### General

- 1. Does participating in this 7-month training program automatically qualify an organization to become an 1115 waiver service provider, or are there additional licensure requirements from DHCF?**

Participation will not qualify your organization to become a service provider under this Medicaid initiative, but it will identify your organization's specific needs and include a tailored 'capacity-building plan'. In other words, it will help you make progress on that path to becoming a Medicaid provider. DHCF is still determining licensure requirements for 1115 waiver services.

- 2. Will information be provided regarding how each program operates?**

Each track will be explored in more detail throughout the Learning Collaborative series, including 1:1 technical assistance (TA). The District's 1115 waiver application is still pending with CMS, so we are currently in a pre-implementation and designing phase and determining many details around these services. In addition to supporting organizations that participate in this Learning Collaborative, this is also an opportunity to help inform DHCF and the District Government in designing elements of these services and operationalizing them. The MCAC Health System Redesign (HSR) subcommittee monthly meetings are another opportunity to inform some of the development. Participating in this learning collaborative will help organizations prepare to deliver these new services.

- 3. Can I join the HSR subcommittee?**

The HSR subcommittee is open to the public. If you are interested in joining or have questions about where to plug in to the HSR subcommittee, email [dhcf.waiverinitiative@dc.gov](mailto:dhcf.waiverinitiative@dc.gov)

- 4. Is there an approximate timing for when we expect the waiver to be approved?**

The 1115 waiver application is still pending with CMS. The current 1115 waiver was set to expire December 31, 2024. CMS did issue a temporary extension of D.C.'s current 1115 programs through June 30, 2025. DHCF is continuing discussions with CMS on the proposed HRSN and reentry components of its renewal request. DHCF does not have a timeline estimate to share but will continue to provide updates.

- 5. Can our organization join more than one track? Can you participate as a nutrition, support provider, a housing support provider, a reentry services provider or 2, or all 3?**

Yes, you can participate as a provider of one or more of these services. In April we are planning to group the learning collaborative participants into service specific tracks. If your organization has the time, we will make it possible for you to participate in multiple tracks if they are the services that you are hoping to provide under the 1115 waiver.

- 6. Trainings referenced included supporting different community-based organizations (CBOs) to potentially become Medicaid billing entities. Are there additional details about those trainings available now? Or is that the primary focus of this group over the next 7 months?**

Trainings about becoming Medicaid providers will be a focus of this learning collaborative, in our work together in the group learning sessions and in the 1:1 TA. If your organization is interested, please [submit an application](#) so that you can participate.

- 7. I provide a service (e.g. nutrition) within a larger organization (e.g. hospital). When you were talking about who is appropriate to participate in this learning collaborative, it sounds like you prefer someone to participate from my organization's administration/executive leadership (decision making) level. Can you elaborate on who from a participating organization should directly participate in this learning collaborative?**

We don't expect all learning collaborative participants to be executive leaders, although we certainly welcome them to participate too. We do expect that anyone participating does have the awareness of and buy-in from their executives. You should be able to take the learnings in capacity building identified through this 7-month learning collaborative process and then go back and help make them happen in the organization. One of the goals of this learning collaborative is to identify where there are still remaining areas to build capacity among local organizations at the conclusion of the collaborative (in July 2025) to inform potential future learning collaboratives, infrastructure needs and/or implementation planning.

## Reentry

- 8. Does the reentry eligibility have a specified start date, e.g 90 days prior to release?**

Currently, the District anticipates an eligibility start date for Medicaid reimbursement of services will be 90 days prior to release. However, we understand that release dates often are not known, and are currently exploring possible solutions to address this issue.

- 9. Is there a timeline/roadmap for actually getting paid for these reentry services?**

As referenced in question 4 above, the District's 1115 waiver application is still pending with CMS. Reimbursement for services cannot occur until after the District's application is approved by CMS and all of CMS' post-implementation requirements are met.

## Housing

- 10. Not sure if the definition of housing supports includes asthma home visiting? An evidence based intervention shown to lower health care utilization costs by reducing ER visits and hospitalizations.**

DHCF is aware that home-based asthma remediation services have been implemented under 1115 authority in other states. DHCF did not include asthma home visiting as a standalone service in our 1115 renewal application. However, there are components of asthma home visiting services, such as medically necessary home remediations, that are included in the District's 1115 renewal application. As noted above in question 2, there are opportunities to provide input on the service design through the monthly HSR subcommittee meetings.

- 11. Are individuals dealing with chronic homelessness eligible for housing benefits?**

The proposed eligibility for housing in the District's 1115 waiver application includes individuals transitioning out of or experiencing the following situations:

- Institutional care or congregate settings such as nursing facilities (NFs), institutions for mental diseases (IMDs), intermediate care facilities (ICFs), acute care hospitals, group homes, and correctional facilities
- Homelessness, risk of homelessness, or transitioning out of an Emergency Shelter as defined by 24 CFR 91.5
- Individuals transitioning out of the child welfare system including foster care

Individuals currently receiving housing services authorized under the District's approved Medicaid State Plan are not eligible for 1115 housing services.

**12. At the last HSR subcommittee meeting it was stated that anyone who was currently receiving, for example, housing services through the 1915 waiver would not be able to supplement that with the 1115 waiver. I'm unclear as to who these 1115 services would be for if they can't be added in if someone's already receiving housing support.**

Please see the response to question 11 regarding the eligibility criteria for 1115 housing services. The proposed eligibility criteria for 1115 housing services differs from the eligibility criteria for 1915(i) permanent supportive housing (PSH) services and, as noted above in question 2, the District's 1115 waiver application is still pending with CMS and DHCF is still determining many details around the proposed 1115 services. We encourage current 1915(i) PSH providers to participate in this learning collaborative and/or the monthly HSR subcommittee meetings to build capacity to deliver 1115 housing services and provide their input and expertise as DHCF continues to design 1115 housing services.

## Nutrition

**13. Our organization is interested in providing food and nutrition 1115 services, which licensure should we be looking to obtain as a 501c3 organization to deliver those services?**

As noted in questions 1 and 2 above, the District's 1115 waiver application is still pending with CMS and DHCF is still determining many details around the proposed 1115 services. DHCF is still determining provider enrollment and licensure requirements for 1115 waiver services. We encourage organizations interested in becoming 1115 service providers to participate in this learning collaborative to identify your organization's specific needs and create a tailored 'capacity-building plan'.

**14. Would individuals in DOC facilities be eligible under the reentry section for enhanced nutrition services?**

The District's 1115 waiver application did not include enhanced nutrition as part of the proposed 90-day reentry pre-release services. Carceral facilities are expected to provide full 'room and board' and 1115 nutrition services would be considered duplicative while an individual is in the facility. Upon release, a formerly incarcerated individual may be eligible for 1115 waiver nutrition services based on the services' eligibility requirements.