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Testimony Before the District of Columbia Council  
Committee on Health  
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Department of Health Care Finance

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## **Introduction**

Chairman Gray and members of the Committee, my name is Sharra E. Greer and I am the Policy Director of Children's Law Center<sup>1</sup> and a resident of the District. I am submitting this testimony on behalf of Children's Law Center, which fights so every DC child can grow up with a stable family, good health, and a quality education. With nearly 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. I also serve as a member of the DC Medical Care Advisory Committee, a forum for key participants and stakeholders in DC's Medicaid program to review the program's operations and provide feedback to the Department of Health Care Finance (DHCF).<sup>2</sup>

Thank you for this opportunity to provide testimony regarding the proposed FY2023 budget for DHCF. At Children's Law Center, nearly all of our clients are Medicaid beneficiaries. We know the importance of having a public health system that can meet the health needs of District children and families. From pregnancy, onward, families need strong investments in their physical and mental health. A strong beginning can have long-term, positive effect on the parent and child relationship, including building key resiliency factors early on in a child's life that can improve physical and mental health in the future.<sup>3</sup> To help create strong beginnings, we must ensure that families can access critical health benefits with ease and maintain their

benefits. There also must be adequate and appropriate providers available in the District to meet the health needs of children and families. With this in mind, my testimony today focuses on four critical areas of the Mayor's proposed FY2023 budget.

First, we applaud the Mayor's investments in maternal health, but ask the Council to seek clarity to ensure funding to all maternal health programs including the addition of doula services to Medicaid. Second, we thank the Mayor for the elimination of burdensome enrollment and recertification requirements for the Alliance Healthcare Program, and for the appropriate funding to stand-up the new recertification criteria. Finally, we encourage the Council to take steps towards properly funding behavioral health professionals and services in the District through Medicaid. Specifically, this includes the Council ensuring local Medicaid financing adequately compensates the HealthySteps model for both the clinical and non-clinical services and care coordination. Additionally, we ask that the Council bring behavioral health provider rates to 2022 costs and accelerate payment rate updates with funding to support greater inflationary cost offsets.

The investments in maternal health proposed in this budget are significant. However, to the extent the Council identifies other areas of investment to strengthen maternal health and behavioral health care in the District, we ask that they do so. We are fortunate in that the District's financial recovery from the pandemic is looking much better than expected. According to the latest projections from the Office of the Chief

Financial Officer (OCFO), the District will take in approximately \$506 million more in revenue for FY2022 than was anticipated when the Council approved the FY2022 budget in August 2021.<sup>4</sup> This is in addition to the over \$570 million excess surplus from FY2021.<sup>5</sup> Projected revenues for each year of the upcoming financial plan are also higher than previously anticipated.<sup>6</sup> OFCO estimates that FY2023 revenues will be 3.9 percent more than FY2022 revenues – an increase of nearly \$360 million dollars.<sup>7</sup> Given this unanticipated additional revenue and the projected financial strength of the city, the Council is well-positioned to ensure areas in maternal health receive the needed financial support to provide resources and services to all District families and children. Further, the city has the resources to invest in both behavioral health professionals and services including to provide the necessary rate increases to behavioral health providers to ensure we can recruit and retain people in this high demand area.

**The District has made Significant Investments in Maternal Health, We Must Ensure Those Investments are Preserved in the FY2023 Budget**

The District faces some of the worst maternal health outcomes in the United States, including a distressingly high maternal mortality rate – particularly for Black pregnant and postpartum persons.<sup>8</sup> In a study of maternal mortality rates across the United States between 2007 and 2015, DC fared the worst by having the highest average maternal mortality rate at 33.3 per 100,000 live births.<sup>9</sup> Almost four years later, the maternal mortality rate in DC has not improved but in fact has worsen. According to data from the United Health Foundation, as of 2019, the maternal mortality rate in the

District was 35.6 per 100,000 live births.<sup>10</sup> Moreover, Black pregnant and postpartum people of all ages are three times more likely to die from pregnancy-related complications than their White peers.<sup>11</sup> In the District, Black pregnant and postpartum people made up 95 percent of pregnancy-related deaths in DC between 2013 and 2017.<sup>12</sup>

Significant investments are needed to address disparities in maternal health and outcomes in the District. Councilmember Henderson’s Maternal Health Resources and Access Act of 2021 sought to address poor maternal health outcomes in the District.<sup>13</sup> We applaud this Committee and the Council for incorporating several elements of this bill into the FY2022 budget.<sup>14</sup> Under the FY2022 Budget Support Act and the American Rescue Plan Act of 2021 (ARPA), Section 9812, DHCF is authorizing three categories of new coverage or benefits related to maternal health in FY2022:

1. DHCF will submit a State Plan Amendment (SPA) for Medicaid coverage of doula services;<sup>15</sup>
2. DHCF will submit a SPA to extend postpartum coverage from 60 to 365 days postpartum;<sup>16</sup> and
3. Non-Emergency Medical Transportation (NEMT) for Alliance beneficiaries.<sup>17</sup>

This is a tremendous step forward to improve maternal health in the District. We are glad the Mayor is building on the momentum of the FY2022 approved budget, and we would like to thank the Mayor for the investments to maternal health in the FY2023 proposed budget.<sup>18</sup> This includes \$480,000 in ARPA funds to support the NEMT transportation services.<sup>19</sup> Providing transportation is an important step to helping

pregnant and post-partum people in the District access proper maternity care and decrease their risk of maternal mortality.<sup>20</sup>

However, the FY2023 proposed budget does not make clear the full picture of maternal health investments for the upcoming fiscal year. DHCF is diligently working on preparing a State Plan Amendment (SPA) for Medicaid to cover doula services in the District.<sup>21</sup> Doulas have been found to help address inequities in maternal health.<sup>22</sup> Despite clear benefits, doula services are currently inaccessible to many low-income District residents who rely on Medicaid for their health coverage, which does not cover costs associated with doula care. Medicaid coverage of doula services will drastically increase access by eliminating out-of-pocket cost barriers to patients.<sup>23</sup>

DHCF plans to have the doula Medicaid benefit effective by October 1, 2022.<sup>24</sup> Because the benefit will be effective at the start of FY2023, we ask this Committee and the Council to ensure proper investment in this benefit. According to the Fiscal Impact Statement submitted with the Budget Support Act, Alliance Doula Coverage and Medicaid Doula Coverage, Local Share, in FY2023 should be funded at \$320,000 and \$396,000 respectively.<sup>25</sup> We want to ensure the doula Medicaid benefit is funded in the FY2023 budget so the benefit, pending approval by the Center for Medicare and Medicaid Services (CMS), can begin on October 1, 2022.<sup>26</sup> While DHCF has reported that there will be funding for the Doula Service Implement in the FY2023 proposed budget, the Agency has not indicated the specific level of funding the implementation of this

service will receive.<sup>27</sup> We ask this Committee to seek clarity to ensure the correct amounts based on the Fiscal Impact Statement for doula services are included in DHCF's FY2023 budget to continue the great work that began in FY2022 to improve maternal health outcomes in the District.

### **Changes in the Alliance Enrollment and Recertification Process will Make it Easier for District Residents to Have Access to Health Insurance**

The Healthcare Alliance program provides health care coverage to residents with low incomes who do not qualify for Medicaid, most of whom are immigrants.<sup>28</sup> Starting in 2011, residents looking to enroll in the Alliance program were required to have a face-to-face interview with an official from the Department of Human Services (DHS), followed by a recertification interview every six months.<sup>29</sup> If an enrollee missed their interview, they lost their insurance until they could re-apply six months later. This caused many District residents enrolled in the Alliance to lose their insurance because of the time intensive requirements to recertify.<sup>30</sup>

During the COVID-19 public health emergency, however, the District has suspended many of the barriers that prevented Alliance beneficiaries from recertifying including, getting rid of the in-person interview requirement, allowing enrollment online and over-the-phone, and scaling back recertification to only once per year. The public health emergency is extended through April 16, 2022, but once the emergency ends so will these changes.<sup>31</sup> Therefore, we applaud the Mayor's proposed Alliance Enrollment Amendment Act of 2022, Subtitle C of the FY2023 Budget Support Act.<sup>32</sup>

This Act permanently removes the requirement that Alliance beneficiaries must complete in-person certification interviews.<sup>33</sup> Additionally, it extends the length between recertification from six months to one year.<sup>34</sup> The FY2023 proposed budget includes a recurring enhancement of \$4,175,720 to extend the Alliance enrollment to 12 months and end the 6 month in-person re-certification.<sup>35</sup> The Mayor has not only eliminated restrictive barriers in Alliance but has also provided the money to make sure this law is fully and meaningfully implemented. This is a critical step forward to ensure that all District residents have access to health insurance, which is especially important given the health inequities made even greater by the pandemic.<sup>36</sup>

### **The District Must Invest in Behavioral Health Services and Professionals to Successfully Recover from the COVID-19 Pandemic**

#### **HealthySteps**

National research has revealed significant negative behavioral health effects in children and families since the start of the pandemic.<sup>37</sup> One national survey found that 14 percent of parents reported that their children's behavioral health had worsened during the pandemic.<sup>38</sup> Additionally, parents have reported the toll the pandemic has taken on their own behavioral health citing increased depression, anxiety, and substance use.<sup>39</sup> The worsening behavioral health of children and families, however, can be mitigated by integrated care programs like HealthySteps that help families access appropriate and timely behavioral health services.<sup>40</sup>



HealthySteps is an evidence-based national program model that provides infants and toddlers with social-emotional and development support by integrating child behavioral health professionals into primary care.<sup>41</sup> Here in the District, HealthySteps is currently being implemented at six sites, three of which are funded using local dollars through DC Health and three which have other sources of funding.<sup>42</sup> DC Health has plans to open up an additional two HealthySteps sites in FY2022, bringing the total number of HealthySteps sites in the District to eight.<sup>43</sup>

One of the core components of the HealthySteps in the District is the care coordination and system navigation provided by the Family Services Coordinators (FSCs). FSCs are trained DC residents who provide dedicated case management and care coordination for families by drawing on their own lived experiences navigating systems.<sup>44</sup> FSCs build ongoing relationships with families and connect them to community resources.

Under the current financing structure, however, this type of care coordination is not eligible for Medicaid reimbursement meaning the soon to be eight HealthySteps in the District must rely on local or philanthropic funds to continue operations. These funding streams are often time-limited or not sufficient to cover the true cost of services rendered. It is important that care coordination be made consistently available in the pediatric primary care setting because care coordination can help to establish trusting

relationships between the patient, the patient's family, and their provider, which allows for better health outcomes for both child and their caregivers.<sup>45</sup>

Therefore, we ask this Council to ensure that any local Medicaid financing of the HealthySteps model adequately compensates for the clinical and nonclinical services and the care coordination components delivered in the pediatric primary care centers. Options include incorporating HealthySteps into the Medicaid rate study, which was recommended by the Behavioral Health Integration Stakeholder Advisory Committee,<sup>46</sup> and/or advancing HealthySteps through other coverage options, such as the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit.<sup>47</sup>

### **Behavioral Health Care Provider Rates**

There is a nationwide shortage of behavioral health clinicians and mental health professionals – the same is true here in DC. The public's overall demand for mental health treatment has increased exponentially during the pandemic.<sup>48</sup> Further, the demand for mental health professionals in the District has increased tremendously as more and more programs and sectors across the city are looking to mental health professionals and behavioral health supports to address social problems such as community violence.<sup>49</sup> In order to attract and retain providers the District needs to adjust rates.

Currently, our provider rates are based on 2016 costs. We are shifting to have DHCF take additional responsibility for payment rates for DBH certified provider

organizations. We are happy to see the proposed budget addresses inflationary costs facing those providers for the first time in years. The proposed budget reflects a 1.8% inflationary cost adjustment from the Center for Medicare and Medicaid Services (CMS) for DBH-certified providers in FY2022 and plans an additional 1.6% increase in FY2023 to help offset future increases in inflation, cumulatively a 2.88% increase.<sup>50</sup>

Unfortunately, this increase falls short of the need. The Medicare Economic Index data used by DHCF for rate-setting shows a 16.1% gap from the fourth quarter of 2016 to the first quarter of 2023.<sup>51</sup> The 2.88% increases fall 13.22% short of the rise in costs for DBH-certified providers. We encourage the Council to accelerate payment rate updates with funding to support greater inflationary cost offsets. At a minimum, the Council should provide sufficient funding for immediate implementation in FY2023 of adjusted rates from a cost study underway and anticipated changes to the benefit design for behavioral health services.

## **Conclusion**

Thank you for the opportunity to submit testimony today.

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<sup>1</sup> Children’s Law Center fights so every child in DC can grow up with a stable family, good health, and a quality education. Judges, pediatricians, and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With nearly 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And we multiply this impact by advocating for city-wide solutions that benefit all children.

<sup>2</sup> DHCF, DC Medical Care Advisory Committee, *available at: <https://dhcf.dc.gov/page/dc-medical-care-advisory-committee>*.

<sup>3</sup> *See generally, Amal Hussain Farahat, et al., Effect of Implementing a Birth Plan on Womens’ Childbirth Experiences and Maternal & Neonatal Outcomes, Journal of Education and Practice, (2015) available at:*

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<https://files.eric.ed.gov/fulltext/EJ1083654.pdf#:~:text=positive%20childbirth%20experience%20include%20self-esteem%2C%20efficient,and%20enhanced%20maternal%20attachment%20and%20compliance%2C>

<sup>4</sup> On September 30, 2021, the Office of the Chief Financial Office (OCFO) released the September 2021 Revenue Estimates Letter, which reported that for the May 2021 Revenue Estimate used for the FY2022 Budget was adjusted to \$8,580.1 Billion. On February 28, 2022, the OCFO reported the February 2022 revenue estimate for FY2022 was reported as \$9,086.7 Billion. Therefore, the revenue used to set the FY2022 budget as compared to the current revenue estimate is a difference of \$506.6 Million (\$9,086.7-\$8,580.1 = \$506.6). See Government of the District of Columbia, Office of the Chief Financial Officer, *Re: September 2021 Revenue Estimates*, September 30, 2021, available at:

[https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/Sept\\_2021%20Revenue%20Estimate%20Letter.pdf](https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/Sept_2021%20Revenue%20Estimate%20Letter.pdf). Government of the District of Columbia, Office of the Chief Financial Officer, *Re: February 2022 Revenue Estimates*, February 28, 2022, available at:

<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf>.

<sup>5</sup>Government of the District of Columbia, Office of the Chief Financial Officer, *Re: February 2022 Revenue Estimates*, February 28, 2022, available at:

<https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/February%202022%20Revised%20Revenue%20Estimates%20for%20FY%202022%20-%202026.pdf>.

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> Marcella Robertson, *DC councilmember's fight to reduce maternal mortality is personal*, WUSA9, (April 16, 2021), available at: <https://www.wusa9.com/article/news/health/black-maternal-health-week-councilmembers-fight-to-reduce-maternal-mortality-is-deeply-personal/65-4cb90fe5-25d7-472c-b4c1-1254ec45384d>; Press Release, *Councilmember Henderson introduces first bill to increase access to maternal health resources*, The DC Line, (January 15, 2021), available at: <https://thedcline.org/2021/01/15/press-release-councilmember-henderson-introduces-first-bill-to-increase-access-to-maternal-health-resources/>.

<sup>9</sup> Ebonie Meigbow, Dawn Godbolt, Alise Powell, and Joia Crear-Perry, *Evidence-Informed and Community Based Recommendations for Improving Black Maternal Health*, Urban Institute, April 201, p. 2, available at: [https://www.urban.org/sites/default/files/publication/104088/evidence-informed-and-community-based-recommendations-for-improving-black-maternal-health\\_1.pdf](https://www.urban.org/sites/default/files/publication/104088/evidence-informed-and-community-based-recommendations-for-improving-black-maternal-health_1.pdf).

<sup>10</sup> Marcella Robertson, *DC councilmember's fight to reduce maternal mortality is personal*, WUSA9, (April 16, 2021), available at: <https://www.wusa9.com/article/news/health/black-maternal-health-week-councilmembers-fight-to-reduce-maternal-mortality-is-deeply-personal/65-4cb90fe5-25d7-472c-b4c1-1254ec45384d>; Press Release, *Councilmember Henderson introduces first bill to increase access to maternal health resources*, The DC Line, (January 15, 2021), available at: <https://thedcline.org/2021/01/15/press-release-councilmember-henderson-introduces-first-bill-to-increase-access-to-maternal-health-resources/>.

<sup>11</sup> Stacey D. Stewart, *Birthing While Black: Examining America's Black Maternal Health Crisis*, March of Dimes, (May 6, 2021), available at: <https://www.marchofdimes.org/news/birthing-while-black-examining-america-black-maternal-health-crisis.aspx>.

<sup>12</sup> Jocelyn Johnston, et. al, *Maternal Health Outcomes in DC: Why are Black Women Dying from Pregnancy – Related Complications in Ward 7 & 8?*, American University, (April 26, 2020), available at: <https://www.american.edu/spa/metro-policy/upload/maternal-mortality-in-dc-poster-spr-2020.pdf>.

<sup>13</sup> B24-0026, *Maternal Health Resources and Access Act of 2021*, available at:

<https://lms.dccouncil.us/downloads/LIMS/46331/Introduction/B24-0026-Introduction.pdf>.

<sup>14</sup> B24-0285, *Fiscal Year 2022 Budget Support Act of 2021*, p. 133, available at:

[https://lms.dccouncil.us/downloads/LIMS/47312/Signed\\_Act/B24-0285-Signed\\_Act.pdf](https://lms.dccouncil.us/downloads/LIMS/47312/Signed_Act/B24-0285-Signed_Act.pdf).

<sup>15</sup> Department of Health Care Finance, *Maternal Health Projects*, available at:

<https://dhcf.dc.gov/publication/maternal-health-projects>.

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- <sup>16</sup> Authorized by the American Rescue Plan Act. Department of Health Care Finance, Maternal Health Projects, available at: <https://dhcf.dc.gov/publication/maternal-health-projects>.
- <sup>17</sup> Department of Health Care Finance, Maternal Health Projects, available at: <https://dhcf.dc.gov/publication/maternal-health-projects>.
- <sup>18</sup> Mayor’s Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Health Care Finance [HT0], p. E-61, E-62.
- <sup>19</sup> Mayor’s Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Health Care Finance [HT0], p. E-62.
- <sup>20</sup> Lack of transportation options (including poor public transportation systems) means that pregnant and postpartum persons in DC can spend hours traveling to and from medical appointments. See TransitCenter Equity Dashboard, *The Washington D.C. Story*, available at: <https://dashboard.transitcenter.org/story/dc>. Given the demands of work, childcare, and school, excessively long travel times can be a significant barrier to people attending necessary medical appointments. Maureen I. Heaman, et al., *Barriers and facilitators related to use of prenatal care by inner-city women: perceptions of health care providers*, BMC Pregnancy and Childbirth, (2015), available at <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-015-0431-5>; Samina T. Syed, et al., *Traveling Towards Disease: Transportation Barriers to Health Care Access*, Journal of Community Health, (October 2013), available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/>; Annie Wood, 5 *Barriers Pregnant Women in Poverty Face in Getting the Care They Need*, Mid-Iowa Health Foundation, (July 1, 2020), available at: <https://www.midiowahealth.org/blog/5-barriers-pregnant-women-in-poverty-face-in-getting-the-care-they-need>.
- <sup>21</sup> Department of Health Care Finance, Maternal Health Projects, available at: <https://dhcf.dc.gov/publication/maternal-health-projects>.
- <sup>22</sup> Doula help pregnant people advocate for their personal care preferences, as well as combat interpersonal and institutional bias that occurs frequently in the maternal health care context. Cara B. Safon et al., *Doula Care Saves Lives, Improves Equity, and Empowers Mothers. State Medicaid Programs Should Pay for it*, Health Affairs, (May 26, 2021), available at: <https://www.healthaffairs.org/doi/10.1377/forefront.20210525.295915/full/>. Doula support during birth has been shown to lead to fewer c-sections, less need for emergency interventions, and increased breastfeeding rates, all of which correlate to many positive health outcomes for the parent and baby. Sharon Muza, *The Doula Difference: Lowering Cesarean Rates*, DONA International, (March 28, 2017), available at: [https://www.dona.org/cesarean-rates/#:~:text=Depending%20on%20the%20study%20\(or,\)%20for%20full%2Dterm%20births](https://www.dona.org/cesarean-rates/#:~:text=Depending%20on%20the%20study%20(or,)%20for%20full%2Dterm%20births); Gruber, Kenneth et al., *Impact of Doulas on Healthy Birth Outcomes*, The Journal of Perinatal Education, (Winter 2013), available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/>. See also National Health Law Program, *How Can Doulas Help Address Racial Disparities in Care?*, available at: [https://healthlaw.org/wp-content/uploads/2020/04/DoulasRacialDisparity\\_4.16.2020.pdf](https://healthlaw.org/wp-content/uploads/2020/04/DoulasRacialDisparity_4.16.2020.pdf); Taylor, Jamila et al., *Eliminating Racial Disparities in Maternal and Infant Mortality*, Center for American Progress, (May 2, 2019), available at: <https://www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/>; Cara B. Safon et al., *Doula Care Saves Lives, Improves Equity, and Empowers Mothers. State Medicaid Programs Should Pay for it*, Health Affairs, (May 26, 2021), available at: <https://www.healthaffairs.org/doi/10.1377/forefront.20210525.295915/full/>.
- <sup>23</sup> Doula fees can range from \$600 to \$2,000 per appointment, a cost that is prohibitive for most Medicaid beneficiaries. Karen S. Greiner, et al., *The Cost-Effectiveness of Professional Doula Care for a Woman’s First Two Births: A Decision Analysis Model*, J. Midwifery Women’s Health, 2019, available at: <https://pretermbirthca.ucsf.edu/sites/g/files/tkssra2851/f/wysiwyg/Greiner%20-%202019%20-%20The%20Cost-Effectiveness%20of%20Professional%20Doula%20Care%20for%20a%20Woman%20E2%80%99s%20First%20>

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[Two%20Births-%20A%20Decision%20Analysis%20Model.pdf](#). Last year, DHCF covered 4,034, or 45 percent, of overall DC births. Dr. Pamela Riley, *Maternal Health Projects Kickoff Meeting*, Department of Health Care Finance, (December 14, 2021), *available at*:

<https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Slides%20Maternal%20Health%20Kickoff%20121421.pdf>.

<sup>24</sup> Department of Health Care Finance, Maternal Health Projects, *available at*:

<https://dhcf.dc.gov/publication/maternal-health-projects>.

<sup>25</sup> Government of the District of Columbia, Office of the Chief Financial Office, Fiscal Impact Statement – “Fiscal Year 2022 Budget Support Act of 2021,” August 10, 2021, *available at*:

[https://lms.dccouncil.us/downloads/LIMS/47312/Other/B24-0285-Final FIS - Fiscal Year 2022 Budget Support Act of 2021.pdf](https://lms.dccouncil.us/downloads/LIMS/47312/Other/B24-0285-Final_FIS_-_Fiscal_Year_2022_Budget_Support_Act_of_2021.pdf).

<sup>26</sup> The State Plan Amendment will be submitted by DHCF to the Center for Medicare and Medicaid (CMS), which must approve the plan for it to take effect. DHCF plans to send the SPA to CMS in July to ensure the plan can be approved before October 1, 2022. CMS requires 90 days to approve a SPA, although approval can be done in a shorter time period. *See* Department of Health Care Finance, Maternal Health Projects, *available at*: <https://dhcf.dc.gov/publication/maternal-health-projects>; Department of Health & Human Services, Center for Medicare and Medicaid Services, Statement Plan Amendment and 1915 Waiver Process Improvements to Improve Transparency and Efficiency and Reduce Burden, November 6, 2017, *available at*: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib110617-2.pdf>.

<sup>27</sup> Department of Health Care Finance (HT0), A Fair Shot, FY2023 Proposed Budget and Financial Plan, on file with the Children’s Law Center.

<sup>28</sup> Department of Health Care Finance, Health Care Alliance, *available at*:

<https://dhcf.dc.gov/service/health-care-alliance>. *See also* DC Action, Immigrant Children’s Program and DC Health Care Alliance, *available at*: <https://www.wearredaction.org/healthalliance>.

<sup>29</sup> Sec. 5022. Section 7b of the Health Care Privatization Amendment Act of 2001, effective December 13, 2017 (D.C. Law 22-35; D.C. Official Code § 7-1407).

<sup>30</sup> DC Fiscal Policy Institute, Kate Coventry, Testimony at the Oversight Hearing on “The Public Health Element of the District’s COVID-19 Response,” About Health Care Access, November 4, 2021, *available at*: [https://www.dcfpi.org/all/testimony-of-kate-coventry-at-the-oversight-hearing-on-the-public-health-element-of-the-districts-covid-19-response/#\\_edn4](https://www.dcfpi.org/all/testimony-of-kate-coventry-at-the-oversight-hearing-on-the-public-health-element-of-the-districts-covid-19-response/#_edn4).

<sup>31</sup> Mayor’s Order 2020-045, Extension of Public Emergency for COVID-19, March 17, 2022, *available at*: [https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page\\_content/attachments/2022-043\\_Extension\\_of\\_Public\\_Emergency\\_for\\_COVID-19.pdf](https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/2022-043_Extension_of_Public_Emergency_for_COVID-19.pdf).

<sup>32</sup> Fiscal Year 2023 Proposed Budget Support Act of 2022.

<sup>33</sup> *Id.*

<sup>34</sup> *Id.*

<sup>35</sup> Mayor’s Proposed FY 2023 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Health Care Finance [HT0], p. E-62.

<sup>36</sup> Kathy Zeisel, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Human Services, (February 24, 2022), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2022/02/Ziesel-2022-DHS-Oversight-testimony-FINAL.pdf>.

<sup>37</sup> Children’s National, *Covid-19 And Children’s Behavioral Health In The District Of Columbia: The Pandemic’s Impact On Child Behavioral Health Outcomes And The Behavioral Health Care System*, June 2021, *available at*:

<https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>. U.S. Surgeon General’s Advisory, *Protecting Youth Mental Health*, 2021, *available at*: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>; AAP, AACAP, CHA declaration of a national emergency in children’s

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<https://publications.aap.org/aapnews/news/17718/AAP-AACAP-CHA-declare-national-emergency-in>.

<sup>38</sup> Patrick, S. W., et al., *Wellbeing of parents and children during the COVID-19 pandemic: A national survey*. *Pediatrics*, 146(4), (2000), available at: <https://doi.org/10.1542/peds.2020-016824>; See also Children's National, *Covid-19 And Children's Behavioral Health In The District Of Columbia: The Pandemic's Impact On Child Behavioral Health Outcomes And The Behavioral Health Care System*, June 2021, available at: <https://childrensnational.org/-/media/cnhs-site/files/advocacy-and-outreach/child-health-advocacy-institute/covid19-and-childrens-behavioral-health-in-dc.pdf?la=en>; Rachel Garfield and Priya Chidambaram, *Children's Health and Well Being During the Coronavirus Pandemic*, KFF, (2020), available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/childrens-health-and-well-being-during-the-coronavirus-pandemic/>.

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<sup>40</sup> Jackie Mader, *We know how to help young kids cope with the trauma of the last year – but will we do it?*, The Hechinger Report, October 25, 2021, available at: <https://hechingerreport.org/we-know-how-to-help-young-kids-cope-with-the-trauma-of-the-last-year-but-will-we-do-it/>.

<sup>41</sup> HealthySteps DC ensures access to behavioral health services in a setting child frequent, their pediatric primary care practice. Children are more likely to go to their primary care provider due to scheduled well-child visits, thus a primary care provider is well positioned to detect the early onset of behavioral problems. However, a primary care provider may not have the knowledge or skill set to address developmental, behavioral, social, and emotional needs of a child. See HealthySteps, *Our Model*, available at: <https://www.healthysteps.org/what-we-do/our-model/>.

<sup>42</sup> Children's Health Center at Anacostia, Unity Health Care Minnesota Ave., and Unity Health Care East of the River Health Center located in Wards 7 and 8 are currently funded through local dollars. See Department of Health Performance Oversight Responses, response to Q40, available at: <https://dccouncil.us/wp-content/uploads/2022/02/dohpoh.pdf>. The three HealthySteps sites that predate and/or are not part of HealthySteps expansion through public funding are MedStar Georgetown – MGUH Pediatrics/Kids Mobile Medical Clinic, MedStar Georgetown – MedStar Medical Group at Fort Lincoln, and Children's National – Children's Health Center at THEARC. See HealthySteps, *Find a HealthySteps Site Near You*, available at: <https://www.healthysteps.org/who-we-are/the-healthysteps-network/healthysteps-practice-directory/?location=Washington+DC>.

<sup>43</sup> DC Health FY21 Performance Oversight Responses, response to Q40, available at: <https://dccouncil.us/wp-content/uploads/2022/02/dohpoh.pdf>.

<sup>44</sup> Early Childhood Innovation Network, *Innovation Spotlight: HealthySteps DC*, May 2019, ECIN Newsletter, available at: <https://www.ecin.org/newsletter-may-2019>.

<sup>45</sup> Hodgkinson S, Godoy L, Beers LS, Lewin A. Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. *Pediatrics*. 2017;139(1):e20151175. doi:10.1542/peds.2015-1175; Feldscher, Talia, *Medical Trust in Pediatric Care in the United States*, (2020). Independent Study Project (ISP) Collection. 3292. [https://digitalcollections.sit.edu/isp\\_collection/3292](https://digitalcollections.sit.edu/isp_collection/3292).

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<sup>46</sup> Department of Health Care Finance, Medicaid Behavioral Health Integration Stakeholder Advisory Group, available at: <https://dhcf.dc.gov/page/medicaid-behavioral-health-integration-stakeholder-advisory-group#:~:text=The%20Behavioral%20Health%20Integration%20Stakeholder,as%20part%20of%20a%20transparent.>

<sup>47</sup> *A Path Forward – Transforming the Public Behavioral Health System for Children and their Families in the District*, p. 70, 80, December 2021, available at: [https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation\\_Final\\_121321.pdf](https://childrenslawcenter.org/wp-content/uploads/2021/12/BHSystemTransformation_Final_121321.pdf).

<sup>48</sup> KKF, *Mental Health in the District of Columbia*, December 13, 2021, available at: <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/>; American Psychological Association, *Demand for mental health treatment continues to increase, says psychologists*, October 19, 2021, available at: <https://www.apa.org/news/press/releases/2021/10/mental-health-treatment-demand>; District of Columbia Department of Health, *COVID-19 Pandemic Health and Healthcare Recovery Report*, May 2021, available at: [https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page\\_content/attachments/Pandemic-Recovery-Report\\_May-2021.pdf](https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/Pandemic-Recovery-Report_May-2021.pdf).

<sup>49</sup> Elliot C. Williams, *D.C. extends program to dispatch more 911 mental health calls to social workers*, NPR WAMU 88.5, November 15, 2021, available at: <https://www.npr.org/local/305/2021/11/15/1055789888/d-c-extends-program-to-dispatch-more-911-mental-health-calls-to-social-workers#:~:text=D.C.%20is%20extending%20a%20pilot%20program%20that%20calls%20on%20the,news%20of%20the%20program's%20extension>; Sam P.K. Collins, *D.C. Students Voice Demands for More Mental Health Services*, *The Washington Informer*, February 2, 2022, available at: <https://www.washingtoninformer.com/d-c-students-voice-demands-for-more-mental-health-services/>. Melissa Millar and Amber Rieke, *Re-Routing Behavioral Health Crisis Calls from Law Enforcement to the Health System*, *DC Health Matters Collaborative*, May 2021, available at: [https://www.dchealthmatters.org/content/sites/washingtondc/ReRouting\\_Crisis\\_Response\\_white\\_paper\\_May\\_2021.pdf](https://www.dchealthmatters.org/content/sites/washingtondc/ReRouting_Crisis_Response_white_paper_May_2021.pdf).

<sup>50</sup> Provided by CLC partners the DC Behavioral Health Association.

<sup>51</sup> Centers for Medicare and Medicaid Services. Market Basket Data. Online. Available 3/21/2022: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>. The reported index levels for the Medicare Economic Index for Quarter 4 of 2016 was 1.208 and the forecast for Quarter 1 of 2023 is 1.403. To calculate the gap between Q4 of 2016 and Q1 of 2023, requires taking the forecasted index level for Q1 of 2023, 1.403 and dividing that by Q4 index level, 1.208, which is equal to 1.161 and then multiplying that by 100 to get 116.1 and then finally subtracting by 100 to get the percentage point which gives you 16.1%. See Market Basket Definitions and General Information, available at: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/medicareprogramratesstats/downloads/info.pdf>.