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Testimony Before the District of Columbia Council
Committee of Health

Public Hearing:
FY2024 Budget Oversight
Department of Health Care Finance

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Introduction

Good morning, Chairperson Henderson, and members of the Committee. My name is Leah Castelaz. I am a Policy Attorney at Children’s Law Center and a resident of the District. Children’s Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children’s urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

I appreciate the opportunity to testify today regarding the Mayor’s proposed budget for the Department of Health Care Finance (DHCF) and its potential impact on children and families. Over the past few years, DHCF has initiated several major changes to the District’s Medicaid program that will impact the behavioral health system. First, DC’s Section 1115 Medicaid Behavioral Health Transformation Demonstration became effective in 2020, which allows the District’s Medicaid program to cover more behavioral health services.¹ Second, DHCF is moving toward a fully managed Medicaid program– a process that will be completed by 2024.² Third, DHCF is integrating behavioral health services into the District’s managed Medicaid program

beginning October 1, 2023.³ Finally, a new behavioral health service rate study is being conducted by Public Consulting Group (PCG).⁴

In light of these changes, my testimony will focus on three ways in which DHCF's FY2024 budget can improve access to behavioral health services to children and families as well as pregnant and postpartum people:

- Leverage federal Medicaid dollars to sustain home visiting in the District
- Incorporate HealthySteps into DHCF's ongoing rate study
- Support the continued work of the Perinatal Mental Health Task Force

My testimony will also address how we can invest in our current behavioral health workforce so that it meets the behavioral health needs of District children and families.

DHCF'S FY2024 Budget Must Prioritize Increasing Access to Behavioral Health Supports During Pregnancy and Early Childhood

One of the best ways to strengthen families is by providing supports early on in pregnancy and throughout the beginning years of a child's life. New parents must navigate many new challenges and obstacles that can cause stress. Repeated, prolonged stress, often referred to as toxic stress, can have a long-term negative impact on both the overall well-being of both parent and child as well as the parent-child relationship.⁵ Additionally, it is reported that anxiety and/or depression can affect a significant amount of people during pregnancy or the first year following birth.⁶ Undiagnosed and untreated behavioral health disorders are the number one complication of pregnancy and childbirth and when continuously ignored they can result in death.⁷ Suicide and overdose combined

are the leading cause of death in the first year following pregnancy.⁸ Identifying and funding programs and resources that provide the supports that prevent and mitigate the stressors of pregnancy and postpartum are lifesaving.

The District Should Leverage Federal Medicaid Dollars to Sustain Evidence-Based Home Visiting Programs in the District

Home visiting programs connect families with a trained professional who is equipped to provide supports and resources that improve outcomes for both children and families in their homes or another comfortable setting.⁹ Home visitors can play an important role in identifying and addressing parents' needs from screening for maternal depression, to providing education about parent-child interaction, to connecting parents to community-based supports that address challenges that might impact their parenting.¹⁰ Home visiting has been shown to result in increases in access to maternal and child healthcare, decreases in child abuse and neglect, improvements in school readiness and achievement, and advancement of family economic self-sufficiency.¹¹ In FY2022, home visiting participants reported they were very satisfied and received high quality services with the programs they were participating in through DC Health.¹²

Despite the desire for and satisfaction with home visiting, this program continues to be under-resourced due to unsustainable funding. The grants for home visiting have not been adjusted for inflation since 2019.¹³ We must work to create a funding structure that meets the needs of this program. Currently, the District is leaving a potential source of significant funding on the table by not leveraging federal Medicaid dollars to support

evidence-based home visiting. There are currently 37 jurisdictions that have or are in the process (pending Center for Medicaid and Medicare Services approval) of having a Medicaid billing pathway for home visiting.¹⁴ The utilization of Medicaid dollars will not only provide a more sustainable form of funding but will also free up local dollars which can be used to increase access to more evidence-based home visiting programs and other services.

DHCF should, therefore, establish the coverage and reimbursement of evidence-based home visiting under Medicaid. The process of establishing Medicaid coverage for evidence-based home visiting programs must be done with stakeholder involvement including home visitors, participants, national experts, and agency representatives. The goal would be to devise a plan that would establish the processes for billing and reimbursement, identify key performance metrics and ongoing evaluation, and apply for any necessary amendments to the District's Medicaid State Plan.

After the establishment process, DHCF will need adequate financing to draw the federal match from Medicaid. The federal match is 70 percent.¹⁵ We are, therefore, asking this Committee for up to \$450,000 to be invested into DHCF's budget to support Medicaid funding of evidenced-based home visiting once it is established for coverage and reimbursement through Medicaid.¹⁶

Incorporation of HealthySteps in DHCF's Ongoing Rate Study Promotes Sustainability of the Program

In 2018, this Council passed a significant piece of legislation, the Birth-to-Three for All Act of 2018 (Birth-to-Three), which lays out a blueprint for structural change and key investments in programs to build a system that works for DC's youngest residents and their families.¹⁷ Through Birth-to-Three, the District has locally funded five (soon to be six) HealthySteps sites, surpassing the original goal laid out in the law.¹⁸ HealthySteps is an evidence-based national program model that provides infants and toddlers with social-emotional and development support by integrating child development specialists into pediatric primary care.¹⁹ HealthySteps strengthens the parent-child relationship by reducing several risk factors commonly associated with child abuse and neglect, such as caregiver substance abuse, caregiver mental illness, and exposure to violence.²⁰ The expansion of HealthySteps means that more children, ages 0-3, and their families can access appropriate health screenings, system navigation support, and connection to resources in one central place, thus lessening the burden on families.

Although HealthySteps provides critical supports for children and families in the District, its current funding structure is unsustainable. At this time, all HealthySteps in the District, a total that is soon to reach 10 sites, must rely on local or philanthropic funds for its operations.²¹ These funding streams are often time-limited or insufficient to cover the true cost of services rendered. Therefore, the District must develop a comprehensive

funding model for HealthySteps that expands the sources of funding and ensures we leverage all available dollars to this program.

Therefore, we ask that HealthySteps be included in DHCF's ongoing rate study to allow for the possibility that HealthySteps (all components clinical, non-clinical, and care coordination) be a Medicaid billable program. The inclusion of HealthySteps in the rate study will identify: (1) existing billing codes for HealthySteps; (2) enhanced rates for currently covered codes; and (3) Medicaid codes that could cover other aspects of the program.²² Additionally, the rate study may identify that HealthySteps could be covered through other coverage options such as the Early Periodic Screening Diagnostic and Treatment benefit. The inclusion of HealthySteps in the rate study would be a significant step forward in ensuring that HealthySteps is billable through Medicaid and the District is best leveraging federal dollars to support children and families in the District. Sustaining HealthySteps through Medicaid billing and reimbursement frees up local dollars to support other early childhood and family-serving programs.

Extension of the Perinatal Mental Health Task Force Will Provide More Time that is Necessary to Develop a Comprehensive, Informed Report

Last budget season, this Council created and financed the Perinatal Mental Health Task Force (PMHTF, Task Force), a group of government agencies, council representatives, and community stakeholders that are working to devise comprehensive policy recommendations for improving perinatal mental health in the District.²³ Beginning in October 2022, DHCF worked to diligently stand up the Task Force and held

the first official meeting in January 2023.²⁴ We recognize it is not an easy to build something from the ground up, so we appreciate the time and care that has gone into building a strong foundation for this work.

Parent's and children's needs are unique, and we must provide the appropriate array of services, supports, and resources to improve maternal health outcomes in the District. Unfortunately, the District lacks some key data and landscaping to understand the strengths and gaps in perinatal mental health. The Task Force is a step in the right direction to ensure pregnant and postpartum people and their families have adequate, high-quality, affirming, and sustainable support for their mental health during the perinatal period and beyond.

We appreciate that the deadline was already extended from August 31, 2023, to October 1, 2023.²⁵ However, as we testified to in performance oversight, the timeframe may be too limited to complete a thorough and useful public report that will inform recommendations to resolve inequities in perinatal mental health care access, coverage, and coordination.²⁶ These concerns are shared by other Task Force members and leadership.²⁷

We, therefore, ask this Committee to amend the Task Force Establishment legislation to extend the deadline for submission of the final publicly available report from October 1, 2023, to December 31, 2023.²⁸ Three additional months will create the necessary time to engage with the community and have important conversations while

ensuring the Task Force works expeditiously and diligently to provide a public report to inform needed change and improvements to the systems that support perinatal mental health.

The District Must Offer Competitive Reimbursement Rates to Create a Health System that Supports District Families from Pregnancy Onward

A consistent theme of the work to improve mental health is the imperative to create more places and professionals for behavioral health care. This is done, in part, through sufficient pay for providers in public programs. Just as programs like SBBH, HealthySteps, and home visiting need sufficient grant funds, providers must be sufficiently paid for services in hospitals, health centers, primary care, and private practice offices, if they are to participate in Medicaid. A 2019 report from the National Bureau of Economic Research demonstrates that more competitive Medicaid reimbursement rates are tied to better access to care and outcomes for children.²⁹

At Children's Law Center, nearly all of our clients are Medicaid beneficiaries. We know the importance of having a public health insurance system that can meet the diverse health needs of District residents. The major changes underway in DC's Medicaid structures could potentially improve access to behavioral health services, especially for children.³⁰ In our recent performance oversight testimony, we described how current networks are functionally inadequate, with people waiting too long for evaluations and

appointments and clients frequently losing therapists to turn-over.³¹ We cannot meet the demands posed by the mental health crisis without dramatic improvements.

DBH and DHCF share the responsibility to ensure there are enough providers in MCO networks to meet the needs of beneficiaries, as is required by Medicaid rules.³² Yet through last year's budget, DBH's reimbursement rates for behavioral health care for people enrolled in Medicaid (Behavioral Health Rehabilitation Services) and for those disqualified from Medicaid (Mental Health Rehabilitation Services) had not been adjusted beyond 2016 rates.³³ The effect is that providers are being paid 17.5% less than if rates had increased with the Medicare Economic Index, minus 6.2%, DBH and DHCF added over 2022.³⁴

Therefore, we are heartened to see significant increases in some of the lines for provider payments in both agencies' budgets. Specifically, the proposed FY2024 budget increases the line for Behavioral Health Rehabilitation Services (Local Match) by \$17,760,000 for a total of \$61 million.³⁵ We need an increase of at least \$7.5 million in the reimbursement levels to achieve the 17.5% inflationary increase, and we hope that this is included in the enhancement. We want to better understand the line, and whether the additional \$10 million reflects further increases to rates (i.e., higher payments) and/or an anticipated increase in volume of services (i.e., more patients).³⁶ In light of this enhancement, it is unclear why the line in the budget for Mental Health Rehabilitation Services (Local Only) – services for people ineligible for Medicaid – has not increased a

single dollar.³⁷ We believe providers for these services should also have an increase to payments of 17.5%, or about \$1.9 million enhancement.

We recognize that DBH and DHCF are basing future provider payment rates on the ongoing behavioral health reimbursement rate study, which is intended to improve rates and rate-setting methodologies. We noted at oversight hearings that it is important that this rate study prioritizes reimbursement of children's behavioral health services.³⁸ We expect the forthcoming rate study to reflect the realities of the workforce landscape, such as adjustments for high turnover and retention costs, and national salary data.³⁹ In the meantime, we wish to better understand the changes that have been made, and how they will work to improve the service network in FY2024.

Conclusion

We urge the Committee to consider our recommendations with respect to the proposed FY2024 budget for both DHCF and across all of DC's health agencies. Building a behavioral health system that meets the needs of DC's children and families requires strong collaboration and communication across multiple agencies. For example, although the home visiting program is implemented by DC Health, DHCF would be responsible for leveraging federal dollars through Medicaid to sustain the program. Inclusion of these recommendations in the FY2024 budget process will help sustain and grow effective programs in the District and develop new ones that will support children and families in

achieving optimal health outcomes regardless of where they live, work, or play. Thank you for the opportunity to testify today. I welcome any questions.

¹ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, DC Behavioral Health Transformation, (January 6, 2021), p. 1, available at: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/DHCF%20Demonstration%20STCs%20with%20Evaluation%20Design%20and%20Monitoring%20Protocol%20010621.pdf.

² DHCF, DHCF Announce Medicaid Program Reforms and Intent to Re-Procure Managed Care Contracts, (September 11, 2019), available at: <https://dhcf.dc.gov/release/dhcf-announces-medicaid-program-reformsand-intent-re-procure-managed-care-contracts>.

³ Government of the District of Columbia Department of Health Care Finance, Letter RE: Behavioral Health Transformation: Updated Timeline, Office of the Senior Deputy Director/State Medicaid Director. (December 2, 2021), p. 2, available at: <https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/MDL%2021-06%20BH%20Transformation%20Update%20Timeline%2020211202-signed.pdf>.

⁴ FY2024 DHCF Budget Oversight Pre-Hearing Questions, response to Q13, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAU5LcmEwp5OEVnT7SQ_bNa/FY%202024%20Budget/DHCF/Agency%20Responses?dl=0&preview=FINAL+DHCF+Pre-Hearing+Questions%203.31.23.pdf&subfolder_nav_tracking=1.

⁵ Pamela Li, *Effects of Stress on Child Development*, Parenting for Brain, February 23, 2023, available at: <https://www.parentingforbrain.com/types-of-stress/>; Franke HA. Toxic Stress: Effects, Prevention and Treatment. *Children (Basel)*. 2014 Nov 3;1(3):390-402. doi: 10.3390/children1030390. PMID: 27417486; PMCID: PMC4928741; Center for Disease Control and Prevention, Violence Prevention, *What are adverse childhood experiences*, available at: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>; Andrew Garner and Michael Yogman, *Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health*, American Academy of Pediatrics, August 1, 2021, available at: <https://publications.aap.org/pediatrics/article/148/2/e2021052582/179805/Preventing-Childhood-Toxic-Stress-Partnering-With?autologincheck=redirected>.

⁶ Masters GA, Li N, Lapane KL, Liu SH, Person SD, Byatt N. Utilization of Health Care Among Perinatal Women in the United States: The Role of Depression. *J Womens Health (Larchmt)*. 2020 Jul;29(7):944-951. doi: 10.1089/jwh.2019.7903. Epub 2020 Feb 20. PMID: 32077784; PMCID: PMC7371545; Rhitu Chatterjee, *A Lifeline for Doctors Helps Them Treat Postpartum Depression*, NPR, January 15, 2020, available at: <https://www.npr.org/sections/health-shots/2020/01/15/794943944/a-lifeline-for-doctors-helps-them-treat-postpartum-depression>; DHCF, Perinatal Mental Health Task Force, February 2023 Presentation,

February 28, 2023, available at:

https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20February%20Presentation.pdf; Center for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), *Weekly*/May 15, 2020/ 60(19);575-581, available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm>; U.S. Department of Health & Human Services, *The Surgeon General's Call to Action to Improve Maternal Health*, December 2020, p. 22, available at: <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf>.

⁷ National Partnership for Women & Families, *The Maternal Mental Health Crisis Undermines Moms' and Babies' Health*, June 2021, available at: <https://www.nationalpartnership.org/our-work/health/moms-and-babies/the-maternal-mental-health-crisis-undermines-moms-and-babies-health.html>; Schubert KO, Air T, Clark SR, Grzeskowiak LE, Miller E, Dekker GA, et al. (2017) Trajectories of anxiety and health related quality of life during pregnancy. *PLoS ONE* 12(7): e0181149. <https://doi.org/10.1371/journal.pone.0181149>; DHCF, Perinatal Mental Health Task Force, February 2023 Presentation, February 28, 2023, available at: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/Perinatal%20Mental%20Health%20Task%20Force%20February%20Presentation.pdf; U.S. Department of Health & Human Services, *The Surgeon General's Call to Action to Improve Maternal Health*, December 2020, p. 22, available at: <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf>.

⁸ Centers for Disease Control and Prevention, *Four in 5 pregnancy-related deaths in the U.S. are preventable*, September 19, 2022, available at: <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>; Chin K, Wendt A, Bennett IM, Bhat A. Suicide and Maternal Mortality. *Curr Psychiatry Rep.* 2022 Apr;24(4):239-275. doi: 10.1007/s11920-022-01334-3. Epub 2022 Apr 2. PMID: 35366195; PMCID: PMC8976222.

⁹DC Action, *DC Home Visiting Council*, available at: <https://www.wearcdaction.org/our-initiatives/home-visiting#:~:text=Home%20visiting%20helps%20parents%20deepen,to%20meet%20their%20child's%20needs>.

¹⁰ Center for the Study of Social Policy, *Strengthening Families*, available at: <https://cssp.org/our-work/project/strengthening-families/>; Center for the Study of Social Policy, *Strengthening Families Through Home Visiting*, available at: <https://cssp.org/resource/sf-through-home-visiting/>; DC Action, *DC Home Visiting Council*, available at: <https://www.wearcdaction.org/our-initiatives/home-visiting#:~:text=Home%20visiting%20helps%20parents%20deepen,to%20meet%20their%20child's%20needs>.

¹¹ *Id.*

¹² FY22 DC Health Performance Oversight Responses, response to Q43, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAD3F2Mir6VFnyRlo3Tca3bma/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses?dl=0&subfolder_nav_tracking=1.

¹³ We are also asking minimally for an additional \$700,000 to DC Health and an additional \$300,000 to CFSA to help address the immediate need to close gaps in home visiting funding in the District. See Leah Castelaz, Testimony before the District of Columbia Council Committee on Health, (April 10, 2023), available at: <https://childrenslawcenter.org/audience/policy-testimony/>; Sharra E. Greer, Testimony before the District of Columbia Council Committee on Facilities and Family Services, (April 11, 2023), available at: <https://childrenslawcenter.org/audience/policy-testimony/>.

¹⁴ Presentation from Mary's Center, available on file with the Children's Law Center.

¹⁵ FY2024 DHCF Budget Oversight Pre-Hearing Questions, response to Q13, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAU5LcmEwp5OEVnT7SO_bNa/FY%202024%20Budget/DHCF/Agency%20Responses?dl=0&preview=FINAL+DHCF+Pre-Hearing+Questions_3.31.23.pdf&subfolder_nav_tracking=1.

¹⁶ \$450,000 is the cost of operating a full team of eight nurses in the evidence-based home visiting program, Nurse Family Partnership, for one full year. It is unlikely we would need to full amount in the first year given the necessary planning process. However, in subsequent years we will need to meet locally the full operating costs of evidence-based home visiting in the District to properly leverage federal Medicaid dollars.

¹⁷ D.C. Law 22-179. Birth-to-Three for All DC Amendment Act of 2018.

¹⁸ The Request for Application for the 6th locally funded site is on file with the Children’s Law Center.

¹⁹ 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/>. HealthySteps in the District embeds Family Services Coordinators (FSCs) and HealthySteps Specialists (HSSs) within the primary care setting to engage with families at each routine pediatric visit from birth to three years of age. Family Service Coordinators provide dedicated case management and care coordination for families through the support of DC residents with lived experience navigating systems. Early Childhood Innovation Network, *Innovation Spotlight: HealthySteps DC*, May 2019, ECIN Newsletter, available at: <https://www.ecin.org/newsletter-may-2019>. HealthySteps Specialists can deliver clinic-based mental health visits with families to address critical needs in areas such as maternal depression, grief and loss, and child behavior management. Specialists can also answer questions about behavioral health as well as facilitate the development of attachment, self-regulation skills, and family resiliency. *Id.*

²⁰ HealthySteps, *Risk Factors for Child Abuse and Neglect*, available at: <https://www.healthysteps.org/our-impact/the-evidence-base/risk-factors-for-abuse-neglect/>; HealthySteps, *HealthySteps Specialist Competencies*, 2022, available at: https://www.healthysteps.org/wp-content/uploads/2022/02/HS_SpecialistCompetencies.pdf.

²¹ The current five locally funded sites include Unity Health Care, Inc.-Minnesota Avenue Health Center, Unity Health Care, Inc.-East of the River Health Center, Unity Health Care, Inc.-Parkside, Unity Health Care, Inc.-Unity Healthcare Anacostia, Children’s National Medical Center-Anacostia. FY22 DC Health Performance Oversight Responses, response to Q45, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAD3F2Mir6VFnyRlo3Tca3bma/COH%20Performance%20Oversight/DC%20Health/Agency%20Responses?dl=0&subfolder_nav_tracking=1. The four privately funded sites include MedStar Georgetown – MGUH Pediatrics/Kids Mobile Medical Clinic, MedStar Georgetown – MedStar Medical Group at Fort Lincoln, Children’s National – Children’s Health Center at THEARC, and Children’s National – Children’s Health Center at Columbia Heights. See HealthySteps, Find a HealthySteps Site Near You, available at: <https://www.healthysteps.org/who-we-are/the-healthystepsnetwork/healthysteps-practice-directory/?location=Washington+DC>.

²² FY2024 DHCF Budget Oversight Pre-Hearing Questions, response to Q13, available at: https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAU5LcmEwp5OEVnT7SO_bNa/FY%202024%20Budget/DHCF/Agency%20Responses?dl=0&preview=FINAL+DHCF+Pre-Hearing+Questions_3.31.23.pdf&subfolder_nav_tracking=1.

²³ § 7–1234.02(Perm). Perinatal Mental Health Task Force.

²⁴ DHCF, Perinatal Mental Health Task Force, available at: <https://dhcf.dc.gov/publication/perinatal-mental-health-task-force>.

²⁵ B24-0964, *Perinatal Mental Task Force Temporary Amendment Act of 2022*.

²⁶ Leah Castelaz, Children’s Law Center, Testimony before the District of Columbia Council Committee on Health, (February 16, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/02/Leah-Castelaz_Testimony-Performance-Oversight_DHCF_FINAL.pdf.

²⁷ DHCF, Perinatal Mental Health Task Force, Monthly Meeting, March 28, 2023, *available at*: <https://dhcf.dc.gov/publication/perinatal-mental-health-task-force>.

²⁸ Currently, the Task Force is set to end on October 1, 2023. *See* B24-0964, *Perinatal Mental Task Force Temporary Amendment Act of 2022*. As of March 2023, DHCF has not delineated any of the funds appropriated to the Task Force in the FY2023 budget. *See* DHCF, Perinatal Mental Health Task Force, Monthly Meeting, March 28, 2023, *available at*: <https://dhcf.dc.gov/publication/perinatal-mental-health-task-force>. We do not believe an extension of three months will require additional funds. One thing to note is the Task Force is very interested in including community members with lived experience in the perinatal mental health space. We feel it is important that we compensate members for their time. We understand there are certain procedures that must happen internally at DHCF to allow for this process but would like to voice support to ensure adequate funds to pay those with lived experience for their time. Therefore, we would minimally advocate that there be sufficient funding to ensure this level of compensation. We ask this Committee to work with DHCF to understand and fund the total needed is to extend the Task Force and compensation community members with lived experienced for their time appropriately.

²⁹ Robin McKnight, *Increased Medicaid Reimbursement Rates Expand Access to Care*, National Bureau of Economic Research, October 2019, *available at*: <https://www.nber.org/bh/increased-medicaid-reimbursement-rates-expand-access-care>.

³⁰ Over the past few years, DHCF has initiated several major changes to the District’s behavioral health system that will expand what care Medicaid will cover as it also moves toward a fully managed Medicaid program by 2024. Beginning October 1, 2023, behavioral health services will be integrated into the District’s managed care contracts.

³¹ Amber Rieke, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 16, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_DHCF-Performance-Oversight_FINAL-2.16-and-2.17.pdf; Amber Rieke, Children’s Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 1, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_CLC_Performance-Oversight-Testimony_DBH_February-1-2023_SBBH_final-1.pdf.

³² Andy Schneider & Alexandra Corcoran, *Standards for Provider Network Adequacy in Medicaid and the Marketplaces*, Georgetown University Health Policy Institute Center for Children & Families (May 16, 2022), *available at*: <https://ccf.georgetown.edu/2022/05/16/standards-for-provider-network-adequacy-inmedicaid-and-the-marketplaces/>; Contract CW83148: Managed Care Organization (MCO) – MedStar Family Choice, Base Period 10/1/2020 - 9/30/2021, C.3.2, C.5.28.10.2, C.5.29.12.1, p. 11–12, 92, 120 (September 3, 2020), *available at*: <https://contracts.ocp.dc.gov/contracts/attachments/O1c4MzE0OMKmOmFzZSBOZXJpb2TCpns4RDO5R%20UVEMS1FRDhFLTRBOKMtODg4RC03RDk5OzM4OkY5NjN9>; 842 C.F.R. § 438.68 – Network Adequacy Standards.

³³ Centers for Medicare and Medicaid Services. Market Basket Data. Online. Available 4/4/2023: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>.

³⁴ A 6.2 percent increase to rates was temporarily added over 2022 due to the Families First Coronavirus Response Act (FFCRA). *See* FY2022 DHCF Performance Oversight Responses, response to Q37, *available*

at:https://www.dropbox.com/sh/z6g48dc4tq8528u/AACOn8Enbisk7hSKkH1NjzFga/COH%20Performanc%20Oversight/DHCF/Agency%20Responses?dl=0&subfolder_nav_tracking=1.

³⁵ See Mayor's Proposed FY 2024 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health, line 6515, (March 22, 2023), *available at*:

<https://app.box.com/s/kabhvjznbplwq1tkwd2gv66187aw37ii/file/1170978161849>.

³⁶ Both DBH and DHCF Budget Oversight Pre-Hearing Responses begin to scratch the surface but do not provide the depth needed to understand the true impact of this increase and its impact on increasing provider rates. FY024 DHCF Budget Oversight Pre-Hearing Questions, response to Q14, *available at*:

https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAU5LcmEwp5OEVnT7SQ_bNa/FY%202024%20Budget/DHCF/Agency%20Responses?dl=0&preview=FINAL+DHCF+Pre-Hearing+Questions_3.31.23.pdf&subfolder_nav_tracking=1; FY024 DBH Budget Oversight Pre-Hearing

Questions, response to Q8, *available at*:

https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAGUOnsdH57hHf7WvWf4D55a/FY%202024%20Budget/DBH/Agency%20Responses/FY%2024%20Budget%20Questions.%20DBH%20Response?dl=0&preview=FY+24+Budget+Question+8+Increase+to+Local+Match.docx&subfolder_nav_tracking=1.

³⁷ See Mayor's Proposed FY 2024 Budget and Financial Plan, Volume 4 Agency Budget Chapters – Part III, Department of Behavioral Health, line 6514, (March 22, 2023), *available at*:

<https://app.box.com/s/kabhvjznbplwq1tkwd2gv66187aw37ii/file/1170978161849>. Noting in DHCF's

FY2024 Budget Pre-Hearing Responses they noted that Mental Health Rehabilitation Services were included in the DBH Behavioral Health Rehabilitation Local Match. See FY024 DHCF Budget Oversight Pre-Hearing Questions, response to Q14, *available at*:

https://www.dropbox.com/sh/z6g48dc4tq8528u/AAAU5LcmEwp5OEVnT7SQ_bNa/FY%202024%20Budget/DHCF/Agency%20Responses?dl=0&preview=FINAL+DHCF+Pre-Hearing+Questions_3.31.23.pdf&subfolder_nav_tracking=1.

³⁸ Amber Rieke, Children's Law Center, Testimony Before the District of Columbia Council Committee on Health, (February 16, 2023), *available at*: https://childrenslawcenter.org/wp-content/uploads/2023/02/Amber-Rieke_DHCF-Performance-Oversight_FINAL-2.16-and-2.17.pdf.

³⁹ Presentation shared during the DHCF Public Forum on Integrated Care meeting on November 30, 2022.