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Public Comment: Section 1115 Waiver Renewal Application
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**Introduction**

Thank you for the opportunity to provide public comment on the District of Columbia's Medicaid Section 1115 Waiver renewal application. 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.

Through our work as a DC-based community organization, Children's Law Center knows the best way to accomplish comprehensive, meaningful changes to our healthcare systems must be through partnership. We appreciate the Department of Health Care Finance's (DHCF) continued partnership in our shared goal to transform the health system in the District. The new application aims to extend the District's 1115 Waiver activities to "Whole-Person Care Transformation" to improve health outcomes and decrease health disparities through new Health Related Social Needs (HRSN) benefits, especially for certain populations during transition periods.[1] The move toward whole-person care, especially given the indefinite pause on the "carve-in" of behavioral health into managed care contracts, is important progress for the District.

A whole-person approach to care offers the opportunity to break down silos between services and strengthen care coordination for vulnerable populations. Through our own work with District children and families, we are acutely aware of the need for integrating and addressing social needs within healthcare settings. For example, Children's Law Center's Medical-Legal Partnership – Healthy Together – places attorneys in pediatric clinics across the District to find legal remedies to non-medical barriers to a child's health and well-being. Our Healthy Together attorneys regularly receive referrals from pediatric providers when a child's asthma treatment plan is not working because they are being exposed to mold and pests every day in their home; medical treatment can only go so far until their unhealthy living conditions are addressed. We believe that ensuring the District's health system addresses residents' HRSNs and acknowledges social determinants of health (SDOH) will ultimately produce better outcomes for DC children and families.

While we are optimistic about this renewal application, we do have several concerns. First, the process for public input has not been conducive to meaningful engagement. DHCF has created tight deadlines during already busy times, like publishing a survey to collect stakeholder suggestions right before the November holiday and this public comment opportunity during the District's budget process. Proceeding with public input during periods when stakeholders are out of the office or focused on other policy obligations does not look like a good faith effort at engagement in the 1115

Waiver process. We are glad DHCF has stated they will be doing future engagement on the implementation of the Waiver. During the Waiver engagement forums in April, DHCF made clear the application, on which we are commenting, is high-level. The agency recognized there is still significant work to do to flesh out the implementation of the 1115 Waiver Renewal.

Further, we understand that the approval process may be prolonged due to delays at the Centers for Medicare and Medicaid Services (CMS). We believe DHCF should engage in parallel planning to ensure that, upon approval, the agency can begin to implement the Waiver. Waiting to begin planning until approval will only delay implementation further. We hope that the renewal will provide the District with greater success in healthcare delivery and management – but this can only be achieved by working with the providers, consumers and advocates also invested in its success, and as early as possible.

To effectively implement the 1115 Waiver, we believe there are several pieces DHCF needs to consider before submission to CMS this Spring. Our comments provided below on each Waiver goal will highlight critical missing pieces including: (1) no mention of community health workers within the Waiver; (2) the exclusion pregnant and postpartum people from housing supports; (3) the need to expand the Waiver to include the use Z-Codes; (4) the lack of inclusion of continuous coverage for children ages 0 through 5; and (5) the need for the creation of a Certified Community Behavioral Health

Clinic (CCBHC). To help ensure the success of the Waiver, we hope DHCF will consider the inclusion of these proposals to the 1115 Waiver prior to submission to CMS.

**Goal 1: Continue to maximize access to quality behavioral health services and improve coverage of a broader continuum of treatment for individuals with SMI/SUD**

In reviewing Goal 1 proposed in the 1115 Waiver renewal application, we do not see significant changes from the original 1115 Waiver concerning serious mental illness and substance use disorder (SMI/SUD). Many of the original goals of the 2019 1115 Waiver have not seen great success according to the reported outcomes collected by American Institute for Research (AIR).[2] Of the 11 goals of the original 1115 Waiver, the District definitively met only two.[3] We, therefore, were hopeful there would be some changes in the renewal application. For example, the 2023 survey of stakeholders asked whether the full scope of institution for mental diseases (IMD) services should be incorporated into managed care plans. Children's Law Center and other partners indicated agreement that the services should be extended. However, the proposed application does not appear to do this.[4] We are interested in why this suggestion was not taken, especially since there was significant discussion during the FY2023 Performance Oversight hearing, February 2024, about failings of the current contractor, Comagine Health.[5]

**Goal 2: Improve health outcomes during transitions to reduce health disparities and drive sustainable transformation through reentry and HRSN services**

Goal 2 has four subparts: (a) services for justice-involved individuals up to 90 days pre-release; (b) housing support; (c) nutrition support; and (d) HRSN case management, outreach, and education. In reading through these four subparts, we are generally supportive of the request and rationale.[6] However, we are left with a significant number of questions regarding the implementation of each of these areas.[7] We look forward to working with DHCF during implementation planning to better understand how these goals will be achieved.

We believe that there are several elements that would support Goal 2 that the Waiver should incorporate prior to submission to CMS. First, we ask that DHCF include community health workers (CHWs) in the 1115 Waiver to support the work needed to move these goals forward. Second, we ask that DHCF include pregnant and postpartum people as a population eligible for housing support in the District.

*DHCF should include community health workers in the 1115 Waiver to support a sufficient workforce for implementation*

First, there is one significant element needed for successful implementation: a sufficient workforce. We saw workforce needs as a reoccurring theme throughout the Waiver application. We ask that DHCF consider the addition of community health workers (CHWs) to the 1115 Waiver application to help build a sufficient and well-compensated workforce for each of the subparts of Goal 2.

Specifically, the 1115 Waiver renewal application calls on case managers to "facilitate linkages to other District and federal resources and benefit programs, provide

benefit program application assistance, and […] ensure HRSN Waiver services are appropriately integrated into a beneficiary's overall care plan and coordinated with the rest of their team."[8] We appreciate the use of case management to ensure beneficiaries are served, but as is illustrated through subparts a through c of Goal 2, we are unsure where DHCF will find these case managers. We would be supportive of the use of CHWs to provide the necessary support and navigation to eligible beneficiaries.

CHWs are being leveraged around the country, but not yet sufficiently in DC.[9] CHWs are trusted and trained individuals who serve as a bridge between health systems and their communities. There is strong evidence that the integration of CHWs into health care teams to provide services, such as care coordination and system navigation, leads to improved health care outcomes and reduced costs.[10] CHWs are often referred to as "nontraditional" positions; while they are a critical piece of the health care landscape, they may not have health-related professional degrees like nurses, doctors, therapists, dentists, etc. DC Health has at different points utilized CHWs to support health initiatives and programs.[11] More recently, other agencies including DBH have started to look at how CHWs could support their work,[12] and Georgetown University offers a continuing studies course for CHWs in infant, early childhood, and family mental health.[13]

As the health provider shortage looms large in DC, these efforts reflect strategic interest in growing the CHW workforce to better support the health system as a whole. The main impediment to integrating CHWs has been that commercial insurance and

Medicaid do not typically reimburse unlicensed providers, and the District has not yet set up the required regulatory regime to enable this type of reimbursement. DC Health has been convening stakeholders for many years to try to formalize the infrastructure and financing for CHWs – as Maryland and Virginia have already done – but we have yet to see implementation of the resulting recommendations.[14] DC continues to be uncharacteristically behind the rest of the country when it comes to leveraging CHWs and other workforce extending models.[15]

Therefore, we emphatically recommend the inclusion of CHWs in the 1115 Waiver application, like many other states have started to do.[16] In this process, we caution not to over-regulate the emerging profession. The fact that CHWs do not necessarily hold degrees and certifications – as opposed to other regulated health professions – is an important feature of the CHW model. While formalizing the role enough to standardize the skills and facilitate financing, DC's system must also ensure fidelity to the CHWs "nontraditional" model. We must be careful not to ignore current workers with the requisite skills and life experience. For example, CHWs, who often succeed in working with immigrant populations, should not be subjected to citizenship tests. Their skills and experience beyond formal education should be recognized and honored in whatever certification requirements are set.

Beyond our neighbors, DC can look at the example of the Los Angeles County Department of Health Services' Whole Person Care Program (WPC).[17] The WPC program

embeds CHWs in the primary care setting to provide outreach, engagement, assessment, peer support, accompaniment to appointments and other care coordination activities with high-risk populations, such as those who are homeless or have SUDs. The CHWs are not required to have specific certifications but receive intensive training on core topics such as social determinants of health, motivational interviewing, homelessness, incarceration, mental health and SUD, safety, self-care, and leadership. We highlight the LA model to emphasize that it is possible to integrate CHWs into the Medicaid system without overly restrictive parameters that would disqualify them from their jobs.

We, therefore, ask DHCF to consider adding CHWs to the 1115 Waiver renewal application to implement the screening, navigation and provision of services.

*The housing supports proposed by DHCF fill a large need in the district but should be extended to pregnant and postpartum people*

DC has a housing crisis. Over 82,000 District residents, 12% of the population, are currently experiencing housing insecurity – meaning they do not have stable or adequate living arrangements due to unaffordable housing costs and/or substandard or overcrowded living conditions – with a disproportionate impact on Black and Hispanic residents.[18] The 1115 Waiver is an opportunity for DC to mitigate the many health risks associated with housing insecurity through housing supports, such as rental and utility assistance, moving costs, pre-tenancy navigation services and tenancy-sustaining services for vulnerable populations. CMS has approved these in a number of other states' Waivers.[19] We are therefore glad to see housing supports as a subpart for Goal 2 – to

improve health outcomes during transitions to reduce health disparities and drive sustainable transformation through reentry and HRSN services. Given Children's Law Center's work in the healthy housing space, we especially appreciate the inclusion medically necessary home remediations and home/environmental accessibility modifications in the eligible supports proposed by DHCF.

Additionally, we are glad to see the inclusion of several high-needs populations to receive housing supports through the 1115 Waiver.[20] Given the Children's Law Center's works as *guardians-ad-litem* for several hundred children in foster care and protective supervision, we were especially pleased to see the inclusion of "individuals transitioning out of the child welfare system including foster care" in the populations eligible for housing supports.[21] In our experience, many older youths who remain in care until age 21 experience significant issues achieving stable housing.[22]

We had, however, recommended several more populations be eligible for HRSN benefits in our January 2024 letter to DHCF.[23] We are especially disappointed that pregnant and postpartum people were not included in subpart b of Goal 2 as an eligible population. DC has some of the worst perinatal health outcomes that are deeply impacted by both the person's race and their Zip code.[24] We also know from our clients' experiences that pregnant and parenting youth face significant barriers to accessing services and supports during their pregnancy and postpartum period.[25] DHCF has been deeply involved in recent efforts to improve outcomes for pregnant and postpartum people,

including the Maternal Health Advisory Group and the Perinatal Mental Health Task Force. Both these groups have identified how pregnant and postpartum people's health, both mental and physical, would benefit from specific attention to their social needs. For example, reducing stress caused by poverty, improving transportation and increasing housing support for a perinatal population has been shown to improve perinatal health outcomes.[26] The 1115 Waiver provides an opportunity to build on the work already happening in DC to improve outcomes for pregnant and postpartum people by supporting their housing needs, and we strongly encourage DHCF to include them as an eligible population for housing support in its final application.

**Goal 3: Develop and maintain effective District infrastructure and system capacity to deliver Medicaid-reimbursed reentry and HRSN services**

We are glad DHCF recognizes the need to build effective infrastructure and system capacity to deliver the benefits outlined in the application. This section of the application, however, leaves a lot to the imagination. Unfortunately, it is does not clarify how it will build a sufficient workforce, enable data sharing, or integrate new services into the District's existing healthcare delivery system. We encourage DHCF to provide significantly more detail to ensure there is an understanding among stakeholders of the plan to effectively execute their plan.

Again, we emphasize the important role CHWs could play in this work. For example, DHCF plans to fund "outreach, education, and stakeholder convening to advance collaboration between DHCF, [Department of Corrections (DOC)], [Department

of Youth Rehabilitation Services (DYRS)] and community-based organizations."[27] We believe CHWs could play an important role in the outreach and education pieces of this work. They would provide an important "on the ground" perspective that would help ensure the right people are connected with these new proposed services.

**Further opportunities for the 1115 Waiver renewal application**

There are several other opportunities that we have proposed to be included in the 1115 Waiver renewal application before submission to CMS. These opportunities include: (1) expanded use Z-Codes; (2) continuous coverage for children ages 0 through 5; and (3) creation of a Certified Community Behavioral Health Clinic (CCBHC) model in DC.

First, to identify and discuss the need for the expanded services (i.e., housing or nutrition) proposed in the 1115 Waiver renewal application, a health provider will inevitably have to add a protocol to their patient care encounters. We suggest that this be done through the expanded use of Z-Codes that relate to social environment and conditions (Z550- Z659) in the ICD-10. At the very least, this can be used as the mode of documentation for HRSN service needs, with the potential to expand the use to adjust payments to providers. It is essential that providers be compensated for the time and attention given to the screening and documenting of the HSRN, whether the information collected results in HRSN services or not.

Second, the 1115 waiver appears to be the best way forward to implement D.C. Law 25-0144, the Childhood Continuous Coverage Amendment Act of 2023 enacted on

April 5, 2024. The law requires any child enrolled in Medicaid, the Children's Health Insurance Program (CHIP), or the Immigrant Children's Program (ICP) up to five years old to remain enrolled in Medicaid without any redetermination process. During the hearing on the bill in October 2023, Director Melissa Byrd noted the only viable path to continuous coverage is through an 1115 demonstration Waiver rather than through a Medicaid state plan amendment.[28] Given the new law, we encourage DHCF to ensure the inclusion of continuous coverage in the 1115 Waiver. As we have testified to DC Council and shared with the agency, there are clear benefits to continuous coverage, and we believe now is the time to act. There are several states to look to that have advanced multi-year continuous eligibility for children including Oregon and Washington (states where it has been implemented), and New Mexico, California, Colorado, Minnesota, Illinois, Ohio and North Carolina (states where it is in development).

Finally, there are some key gaps that persist for our client community that can be addressed through the 1115 Waiver renewal application, including crisis response; transition of care planning and implementation for individuals being discharged from emergency, inpatient hospital, and residential stays; and coordination of physical and behavioral health services. One solution to address these gaps is to create a Certified Community Behavioral Health Clinic (CCBHC). This has been done by other states through the 1115 Waiver, such as Minnesota, but may also be done through DC's State Plan authority.[29] As a model for care delivery, CCBHCs ensure access to integrated,

evidence-based SUD and mental health services through flexible funding to support the real costs of expanding services to fully meet the need for care in communities. According to the National Council for Mental Well-Being, where implemented, CCBHCs have dramatically increased access to mental health and SUD treatment, expanded states' capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions.[30] As we said in a letter of support in 2023 when DBH attempted to secure federal funding for the endeavor, the inclusion of CCBHCs in the District's behavioral health system is essential to create a more sustainable, accessible and coordinated service network. The District has not yet successfully launched the model, but we believe it should try this vehicle, as it aligns well with ongoing work between DHCF and DBH in the current 1115 Waiver.

**Conclusion**

In reviewing the outcomes of the original 1115 Waiver, we are disappointed that DHCF has not achieved many of its goals. We, however, recognize that much of the work was interrupted by the COVID-19 pandemic that required a shift in priorities for DHCF and a shift in the health landscape of District residents. We believe the proposed 1115 Waiver could move forward solutions for the growing needs post-pandemic for many District residents, including how important it is to ensure access to healthy, safe homes

and consistent access to food.[31] We therefore appreciate the Waiver's focus on whole-person care that prioritizes HRSNs and SDOHs.

While we agree with the overall goals and the intent behind the Waiver, there are several areas where we have more questions than answers. We ask DHCF to continue to work with key stakeholders and community members to build out more robust implementation plans for the 1115 Waiver.

Finally, we hope DHCF will take into consideration the additional opportunities we have identified within this comment. These opportunities include: (1) the inclusion of CHWs to address the healthcare workforce shortage and the workforce needed to support the goals of this Waiver; (2) making pregnant and postpartum people eligible for housing supports; (3) establishing continuous coverage for children ages zero through five; (4) expanding the use of Z-codes; and (5) launching the CCBHC model to fill gaps in the service continuum. We thank you for the opportunity to submit written comment on the 1115 Waiver renewal application. We welcome any questions the Agency may have.

[1] Department of Health Care Finance, District of Columbia Section 1115 Medicaid Demonstration Renewal Request, *Draft Application for Public Comment,* p. 5, (April 1, 2024), *available at*: https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/DRAFT%201115%20Renewal%20Application_For%20public%20comment_V2.pdf. (Herein after, "1115 Waiver Renewal Draft Application").

[2] 1115 Waiver Renewal Draft Application, p. 6.

[3] *Id.* at p. 7-8.

[4] *Id.* at p. 11.

[5] Performance Oversight Hearing on the Department of Behavioral Health, DC Council Committee on Health, (January 29, 2024), *available at*: https://dc.granicus.com/MediaPlayer.php?view_id=9&clip_id=8636;
See also: Joint Performance Oversight Hearing on the DC Department of Health Care Finance, DC Council Committee on Health & Committee on Hospital & Health Equity, (February 8, 2024), available at: https://dc.granicus.com/MediaPlayer.php?view_id=9&clip_id=8673.

[6] We were pleased to see that youth in Department of Youth Rehabilitation Services (DYRS) facilities are included under the services for justice-involved individuals up to 90 days pre-release. Additionally, we are glad to see the inclusion of case management/care coordination; comprehensive behavioral health screenings; counseling/therapy; peer support services; and intensive, family-based services for youth. *See* 1115 Waiver Renewal Draft Application.

[7] Children's Law Center has previously highlighted how DC could use its 1115 Waiver to address substandard physical and environmental conditions in a home that pose a significant barrier to the health and well-being of its occupant(s). S*ee* Children's Law Center Letter to Department of Health Care Finance, (January 16, 2024), *available at*: https://childrenslawcenter.org/wp-content/uploads/2024/01/Childrens-Law-Center_1115-Waiver-Feedback_Jan-2024.pdf. We recommended that DHCF include home repair and remediation services in its housing support HRSNs and include people whose housing conditions are adversely affecting their health as a population eligible to receive those and other Medicaid housing supports. North Carolina, Oregon, Massachusetts, and Arizona have all included home accessibility modifications, repair and remediation services, or medically necessary devices to maintain a healthy living environment.

| State | Approved Services Related to Safe and Healthy Housing |
|---|---|
| North Carolina | • Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing an individual's health condition<br>• Modifications to improve accessibility of housing (e.g., ramps, rails) and safety (e.g., grip bars in bathtubs) when necessary to ensure an individual's health |
| Oregon | • Medically necessary air conditioners, heaters, humidifiers, air filtration devices, generators, and refrigeration units as needed for medical treatment and prevention<br>• Medically necessary home accessibility modifications and remediation services such as ventilation system repairs/improvements and mold/pest remediation |

| | |
|---|---|
| Massachusetts | • Medically necessary air conditioners, humidifiers, air filtration devices and asthma remediation, and refrigeration units as needed for medical treatment<br>• Medically necessary home modifications and remediation services such as accessibility ramps, handrails, grab bars, repairing or improving ventilation systems, and mold/pest remediation |
| Arizona | • Medically necessary home accessibility modifications and remediation services |

*See* Department of Health & Human Services Center for Medicare & Medicaid Services letter Jay Ludlam, North Carolina Department of Health and Human Services, July 7, 2023, Attachment G: Table 3, *available at*: https://www.medicaid.gov/sites/default/files/2023-07/nc-medicaid-reform-demo-ca.pdf; Department of Health & Human Services Center for Medicare & Medicaid Services letter to Dana Hittle Oregon Health Authority, September 28, 2022, p. 39, *available at*: https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-1115-Demonstration-Approval.pdf; Department of Health & Human Services Center for Medicare & Medicaid Services letter to Amanda Cassel Kraft, MassHealth, September 28, 2022, p. 118, *available at*: https://www.mass.gov/doc/masshealth-extension-approval/download; *Special Terms and Conditions: Arizona Health Care Cost Containment System Medicaid Section 1115 Waiver Demonstration*, Centers for Medicare & Medicaid Services, *available at*: https://www.azahcccs.gov/Resources/Downloads/Federal/AHCCCS_ExtensionSTCs.pdf.

[7] Furthermore, the health system has struggled to include services like transitional supportive housing services and incorporation of housing assistance in care coordination models. For example, these are the two of the primary gaps in the District's SUD service continuum. This is partly because the health system does not have a billable or reimbursable way to screen and work with patients about their housing status. In a similar vein, home modification and remediation services pose questions of implementation, particularly how a home would be assessed for these services, who would do the assessment, and how it could be billed. We recommend looking to the example of North Carolina's Healthy Opportunities Pilots, which includes a detailed description of the state's plan for implementing "Inspection for Housing Safety and Quality," "Home Remediation Services," and "Healthy Home Goods" as covered housing services in its fee schedule. *See NC Medicaid Managed Care: Healthy Opportunities Pilot Fee Schedule and Service Definitions*, NC Department of Health and Human Services and NC HOP (March 2023), p. 1, 6-8, 11-13, *available at*: https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open. Another route that the Children's Law Center and our partners believe should be explored is the use of Community Health Workers (CHWs) who could be reimbursed for conducting healthy home assessments. *See* recommendations on CHWs within the body of comments.

[8] 1115 Waiver Renewal Draft Application, p. 24.

[9] Perinatal Mental Health Task Force: Recommendations to Improve Mental Health in the District, (January 9, 2024), *available at*: https://lims.dccouncil.gov/downloads/LIMS/54594/Introduction/RC25-0123Introduction.pdf?Id=183298.

[10] Molly Knowles, Aidan P. Crowley, Aditi Vasan, Shreya Kangovi, Community Health Worker Integration with and Effectiveness in Health Care and Public Health in the United States, Annual Review of Public Health 2023 44:1, 363-381; Integration of Community Health Workers Improves Care Management Effectiveness, Health Catalyst, *available at*: https://www.healthcatalyst.com/success_stories/community-health-workericmp-partners-healthcare;

Community Health Works, National Academy for State Health Policy, *available at*: https://nashp.org/policy/health-care-workforce/community-health-workers/; DC Health Matters Collaborative, Community Health Needs Assessment, 2022, *available at*: https://www.dchealthmatters.org/content/sites/washingtondc/2022_CHNA/2022_CHNA_DC_Health_Matters_Collab.pdf; Robertson, H.A.; Biel, M.G.; Hayes, K.R.; Snowden, S.; Curtis, L.; Charlot-Swilley, D.; Clauson, E.S.; Gavins, A.; Sisk, C.M.; Bravo, N.; et al. Leveraging the Expertise of the Community: A Case for Expansion of a Peer Workforce in Child, Adolescent, and Family Mental Health. Int. J. Environ. Res. Public Health 2023, 20, 5921. https:// doi.org/10.3390/ijerph20115921.

[11] Robertson, H.A.; Biel, M.G.; Hayes, K.R.; Snowden, S.; Curtis, L.; Charlot-Swilley, D.; Clauson, E.S.; Gavins, A.; Sisk, C.M.; Bravo, N.; et al. Leveraging the Expertise of the Community: A Case for Expansion of a Peer Workforce in Child, Adolescent, and Family Mental Health. Int. J. Environ. Res. Public Health 2023, 20, 5921. https:// doi.org/10.3390/ijerph20115921.

[12] Department of Behavioral Health, Coordinating Council Presentation, (2023), on file with the Children's Law Center.

[13] Georgetown University School of Continuing Studies, IECMH Family Leadership: Practical Training for Community Health Workers in Infant, Early Childhood and Family Mental Health, *available at*: https://portal.scs.georgetown.edu/search/publicCourseSearchDetails.do?method=load&courseId=35471882.

[14] National Academy for State Health Policy, State Community Health Worker Policies, January 11, 2024, *available at*: https://nashp.org/state-tracker/state-community-health-worker-policies/.

[15] Other states have applied for financing for CHWs in their waivers. For example, IL, OR and CA have included funding for CHW training. (AZ, CA, MN, OR have also done CHW work through State Plan Amendments.).

[16] Perinatal Mental Health Task Force: Recommendations to Improve Mental Health in the District, January 9, 2024, p. 38, *available at*: https://lims.dccouncil.gov/downloads/LIMS/54594/Introduction/RC250123-Introduction.pdf?Id=183298.

[17] Lloyd J, Moses K, Davis R. Recognizing and sustaining the value of community health workers and promotores. Cent Health Care Strategy. Published online January 2020:13.

[18] Claudia D. Solari, Lydia Lo, Alavi Rashid, and Lynden Bond, *Housing Insecurity in the District of Columbia*, Urban Institute (November 2023), https://www.urban.org/sites/default/files/2023-11/Housing%20Insecurity%20in%20the%20District%20of%20Columbia_0.pdf.

[19] As of December 21, 2023, CMS has approved provisions that provide housing supports for target populations in the 1115 waiver for 17 states (AZ, AR, CA, FL, HI, IL, MD, MA, NJ, NM, NC, OR, RI, UT, VT, VA, WA). *Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State*, KFF, https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/.

[20] (1) beneficiaries with institutional care or congregate settings such as nursing facilities (NFs), IMDs, intermediate care facilities (ICFs), acute care hospitals, group homes, and correctional facilities; (2) beneficiaries who are experiencing homelessness, risk of homelessness, or transitioning out of an Emergency Shelter as defined by 24 CFR 91.5; and (3) individuals transitioning out of the child welfare system including foster care. *See* 1115 Waiver Renewal Draft Application, p. 21.

[21] 1115 Waiver Renewal Draft Application, p. 21.

[22] There are several remaining questions on the implementation of housing supports for foster youth. First, what will be the age limit of the foster youth eligible to access the housing supports? Second, will housing support only be eligible those who age out of care, or would it be eligible for previously involved

foster youth? Third, how – and at what point – will CFSA begin to discuss housing supports through Medicaid with youth? Further, will CFSA receive training on how to access housing supports?

[23] (1) pregnant and postpartum people; (2) children with a chronic illness or complex physical health needs that are exacerbated by their physical environment; and (3) people at high health risk during weather-related emergencies and urge they be included. *See* Children's Law Center Letter to Department of Health Care Finance, (January 16, 2024), *available at*: https://childrenslawcenter.org/wp-content/uploads/2024/01/Childrens-Law-Center_1115-Waiver-Feedback_Jan-2024.pdf.

[24] DC Health Performance Oversight Responses, response to Q43, *available at*: https://lims.dccouncil.gov/Hearings/hearings/232; Perinatal Mental Health Task Force: Recommendations to Improve Mental Health in the District, January 9, 2024, p. 38, *available at*: https://lims.dccouncil.gov/downloads/LIMS/54594/Introduction/RC250123-Introduction.pdf?Id=183298.; District of Columbia's Maternal Mortality Review Committee Annual Report, 2021, published September 2023, *available at*: https://ocme.dc.gov/sites/default/files/dc/sites/ocme/MMRC2021Annual%20ReportFinal.pdf; GAL Deep Dive, internal Children's Law Center Data Collection, 2022-2023; Ayan Sheikh and Chris Remington, Why do so many Black infants in D.C. die before their first birthday, January 30, 2024, *available at*: https://wamu.org/story/24/01/30/listen-why-do-so-many-black-infants-in-d-c-die-before-their-firstbirthday/; Rachel Metz, DC Must Continue Tackling Youth Mental Health Crisis, DC Action, August 21, 2023, *available at*: https://www.wearedcaction.org/blog/dc-must-continue-tackling-youth-mental-healthcrisis.

[25] GAL Deep Dive, internal Children's Law Center Data Collection, 2022-2023.

[26] The lack of secure, quality housing during pregnancy is associated with adverse health outcomes, including an increased risk of maternal hypertension, anemia, and hemorrhaging, and preterm birth and low birth weight. Additionally, housing instability during the prenatal period has been linked to higher health care utilization and average costs for care during pregnancy and the postpartum period. *See* DiTosto JD, Holder K, Soyemi E, Beestrum M, Yee LM. Housing instability and adverse perinatal outcomes: a systematic review. Am J Obstet Gynecol MFM. 2021 Nov;3(6):100477. doi: 10.1016/j.ajogmf.2021.100477. Epub 2021 Sep 2. PMID: 34481998; PMCID: PMC9057001; Leifheit KM, Schwartz GL, Pollack CE, Edin KJ, Black MM, Jennings JM, Althoff KN. Severe Housing Insecurity during Pregnancy: Association with Adverse Birth and Infant Outcomes. Int J Environ Res Public Health. 2020 Nov 21;17(22):8659. doi: 10.3390/ijerph17228659. PMID: 33233450; PMCID: PMC7700461. *See also* Gennetian, Duncan, et. al., NBER Working Paper No. w30379, *Unconditional Cash and Family Investments in Infants: Evidence from a Large-Scale Cash Transfer Experiment in the U.S.,* (August 2022), *available at:* https://ssrn.com/abstract=4203053; Magnuson, Yoo, et. al., *Can a Poverty Reduction Intervention Reduce Family Stress Among Families with Infants? An Experimental Analysis,* (May 6, 2022), *available at:* https://ssrn.com/abstract=4188131; Martha's Table, Strong Families, Strong Futures, *available at:* https://marthastable.org/sfsf/; The Bridge Project, (2021), *available at*: https://bridgeproject.org/our-work/. *See also* Bloch JR, Cordivano S, Gardner M, Barkin J. Beyond bus fare: deconstructing prenatal care travel among low-income urban mothers through a mix methods GIS study. Contemp Nurse. 2018 Jun;54(3):233-245. doi: 10.1080/10376178.2018.1492349. Epub 2018 Jul 3. PMID: 29969975; PMCID: PMC6310900.

[27] 1115 Waiver Renewal Draft Application, p. 26.

[28] Committee on Health Report on B25-0419, the Childhood Continuous Coverage Amendment Act of 2023, *available at*: https://lims.dccouncil.gov/downloads/LIMS/53581/Committee_Report/B25-0419-Committee_Report1.pdf?Id=182014.

[29] Minnesota Department of Human Services, Certified Community Behavioral Health Clinics, available at: https://mn.gov/dhs/partners-and-providers/policies-procedures/behavioral-health/ccbhc/.
[30] CCBHC, National Council for Mental Well-Being, *available at:* https://www.thenationalcouncil.org/our-work/ccbhc/.
[31] Harvard T.H. Chan School of Public Health, The Nutrition Source, *Food safety, nutrition, and wellness during COVID-19,* (May 29, 2020), *available at*: https://www.hsph.harvard.edu/nutritionsource/2020/03/25/food-safety-nutrition-and-wellness-during-covid-19/; D'Alessandro D, Gola M, Appolloni L, Dettori M, Fara GM, Rebecchi A, Settimo G, Capolongo S. COVID-19 and Living space challenge. Well-being and Public Health recommendations for a healthy, safe, and sustainable housing. Acta Biomed. 2020 Jul 20;91(9-S):61-75. doi: 10.23750/abm.v91i9-S.10115. PMID: 32701918; PMCID: PMC8023091; Forman R, Azzopardi-Muscat N, Kirkby V, Lessof S, Nathan NL, Pastorino G, Permanand G, van Schalkwyk MC, Torbica A, Busse R, Figueras J, McKee M, Mossialos E. Drawing light from the pandemic: Rethinking strategies for health policy and beyond. Health Policy. 2022 Jan;126(1):1-6. doi: 10.1016/j.healthpol.2021.12.001. Epub 2021 Dec 5. PMID: 34961678; PMCID: PMC8645287.