April 30, 2024

Melisa Byrd, Senior Deputy Director/State Medicaid Director
DC Department of Health Care Finance
441 4th Street NW, Suite 900S
Washington, DC 20001
Via email

Re: Public Comment on DHCF 1115 Demonstration Renewal Application

Dear Senior Deputy Director/State Medicaid Director Melisa Byrd,

Thank you for the opportunity to comment on D.C.’s Draft 1115 Renewal Application.

DC Greens is a nonprofit organization working to advance health equity by building a just and resilient food system. We do this work through programming and policy advocacy. Currently, DC Greens programs include The Well at Oxon Run, our community farm and wellness space in Southeast D.C., and Produce Rx, a fruit and vegetable prescription program.

Produce Rx is part of DC Greens’ work in Food Is Medicine, which aims to increase access to critical nutrition programs through D.C.’s health care system. Produce Rx at DC Greens allows medical professionals to prescribe fresh fruits and vegetables to DC Medicaid-enrolled patients who are experiencing a diet-related chronic illness. Program participants receive monthly funds using a preloaded produce prescription card for one full year, which they can use to shop at Safeway, Giant, Walmart, or Harris Teeter. To remain in the program, participants must have a check-up with their health care provider every six months. This touch point with the health care system is what drives the Food Is Medicine intervention, and it also facilitates the patient’s engagement in their own health journey.

Currently, DC Greens’ Produce Rx program partners with 18 Federally Qualified Health Centers, all three D.C. Managed Care Organizations, and the DC Department of Health Care Finance. In 2023, our program enrolled more than 1,500 households, who collectively spent more than $900,000 on fresh produce. In addition, 95% of participants in the Produce Rx pediatric pilot program reported their family ate more fruits and vegetables during the program than previously. Since the program’s inception in 2012, Produce Rx at DC Greens has worked to prevent and treat diet-related chronic illnesses while supporting D.C.’s economy by reinvesting produce prescription funds locally.

In addition, DC Greens works at the local and national levels to increase access to a broad array of Food Is Medicine programming. Locally, DC Greens convenes and facilitates regular D.C. Food Is Medicine Community Conversations. These gatherings provide space for multi-sector
stakeholders to discuss District-specific Food Is Medicine opportunities and challenges. For example, in response to D.C.’s recent Draft 1115 Renewal Application, we convened a Food Is Medicine Community Conversation on April 17, 2024, where we educated stakeholders on the 1115 waiver policy opportunity and gathered feedback on recommendations to be submitted via public comment.

DC Greens and the undersigned organizations commend the DC Department of Healthcare Finance (DHCF) on broadening the scope of DC’s Behavioral Health Transformation 1115 Demonstration to incorporate addressing social needs and improving care coordination. DHCF’s mission to create a comprehensive health care system under the proposed Whole-Person Care Transformation strategy, which considers a person’s entire being — including their physical, mental, social, and emotional dimensions — is vital to reducing health disparities in the District.

Notably, we strongly support DHCF’s inclusion of nutrition supports within the proposed suite of health-related social needs (HRSN) services that would be available to enrollees under the renewed waiver. As mentioned in the draft renewal application, food insecurity increases the risk for and severity of chronic disease and is associated with higher health care costs. Currently, 36% of D.C. residents experience food insecurity\(^1\). The success of our program is proof that people of all demographics and across all wards in D.C. desire access to fresh fruits and vegetables. Yet lack of infrastructure and availability make that access challenging if not impossible. And the impacts of that fall disproportionately on communities of color and households with children. Black, African American, and Latino populations experience higher rates of diabetes,\(^2\) pre-diabetes,\(^3\) hypertension,\(^4\) and obesity\(^5\) than their white counterparts across the District. Additionally, Wards 7 and 8, each 92% Black, lack the necessary infrastructure to access healthy and affordable food — there are significantly fewer full-service grocery stores in these wards and transportation is more difficult.\(^6\) Overall, according to Berkowitz et al., 2019, food insecurity costs the District over $100 million in direct health care costs annually.\(^7\)

Recognizing that nutrition is a critical component of health care, states across the nation have recently maximized the flexibility of 1115 waivers to ensure robust access to a variety of


\(^{5}\) America’s Health Ranking, 2022. Annual Report 2022– Report Data (All States). Note that ‘Other’ in this data set is associated with ‘Asian’, but no data was given for 2022.


nutrition services. The Whole-Person Care Transformation 1115 Waiver presents a monumental opportunity for D.C. to address food insecurity and high rates of diet-related chronic conditions, while also combating significant infrastructure barriers. To optimize this opportunity, DC Greens and the undersigned organizations recommend the following changes to the draft waiver renewal application:

1. Adjust and Expand the Scope of Nutrition Services Available
Currently, the 1115 draft includes the following list of proposed allowable nutrition services:

- Home-delivered meals or pantry stocking, up to three meals a day for up to six months;
- Fresh produce prescriptions, protein boxes, and/or grocery provisions, up to three meals a day for up to six months; and
- Cooking supplies that are necessary for meal preparation and the nutritional welfare of a beneficiary when not available through other programs.

Based on 1115 waiver approvals we have seen in other states, as well as guidance provided in the Centers for Medicare & Medicaid Services Health-Related Social Needs Table (HRSN Table), we recommend DHCF expand their list of allowable nutrition services to include the following:

- Case management, outreach, and education, including linking to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
  
  *Justification: This service category is currently listed as an allowable nutrition service in the HRSN coverage table and is an approved nutrition service category under 1115 waivers in Massachusetts, Oregon, and New York.*

- Nutrition counseling and education, including healthy meal preparation
  
  *Justification: This service category is currently listed as an allowable nutrition service in the HRSN coverage table and is an approved nutrition service under 1115 waivers in Massachusetts and Washington.*

- Transportation to HRSN services for tenancy supports and nutrition supports
  
  *Justification: Transportation continues to be a primary barrier for D.C. residents to access healthy, affordable food. Providing access to transportation services is vital to ensuring that Medicaid beneficiaries can utilize their nutrition benefits. Transportation support is an approved service under 1115 waivers in Massachusetts and New York.*

We also recommend clarifying the current Draft 1115 Renewal language to strengthen alignment with the HRSN coverage table by making the following changes to the first two categories of listed services *(recommended language is bolded and underlined)*:
● Home-delivered meals, **including medically tailored meals** or pantry stocking, up to three meals a day for up to six months; and

● Fresh produce prescriptions, protein boxes, **food pharmacies, healthy food vouchers**, and/or grocery provisions, up to three meals a day for up to six months.

2. Hone Nutrition Services Eligibility Criteria

Proposed eligibility criteria remains broad in the Draft 1115 Renewal, reading, “Consistent with the November 2023 CMS framework, D.C. proposes to extend nutrition services and supports to beneficiaries with certain health risks, nutrition-sensitive health conditions, and/or children or pregnant or postpartum beneficiaries and their households.” DC Greens and the undersigned organizations encourage DHCF to further define their proposed eligibility categories. We recommend the following eligibility criteria for nutrition services:

● Beneficiaries experiencing food insecurity or with a history of experiencing food insecurity who:

  ○ have a chronic condition, such as but not limited to pre-diabetes, diabetes, hypertension, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high-risk perinatal conditions, and chronic or disabling mental/behavioral health disorders;

  ○ are pregnant or up to 12 months postpartum\(^8\) and their household; or

  ○ are discharged from the hospital or a skilled nursing facility, or are at high risk of hospitalization or nursing facility placement.

● Additional nutrition support is permitted when provided to the household of a child identified as high risk or a pregnant individual.

3. Provide Additional Details Regarding HRSN Infrastructure Investments

We also encourage DHCF to provide additional details regarding their request for HRSN infrastructure-building assistance. For example, DHCF could leverage language from Massachusetts’ approved 1115 waiver, which provides examples of infrastructure-building activities that would be supported within each allowable category:

● **Technology**: e.g. electronic referral systems, shared data platforms, EHR adaptations or data bridges, screening and/or case management systems, databases/data warehouses, data analytics and reporting, data protections and privacy, and accounting and billing systems

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\(^8\) CMS approved the District of Columbia’s state plan amendment to implement a 12-month postpartum extension on June 16, 2022.
• Developing business or operational practices to support services delivery: e.g. developing policies and workflows for referral management, privacy, quality improvement, trauma-informed practices, evaluation, and member navigation

• Workforce development: e.g. cultural competency training, trauma-informed training, Community Health Worker (CHW) certification, and training staff on new policies and procedures

• Outreach and education: e.g. design and production of outreach and education materials, translation, and obtaining community input

Lastly, as D.C. works to expand access to health-related social needs services like housing, nutrition, and transportation support, we encourage the District to ensure that our Medicaid system supports organizations that are equity-oriented, rooted in community, and boost the local economy.

Thank you for your consideration. DC Greens and the undersigned organizations look forward to collaborating with DHCF to address nutrition insecurity and chronic disease across the District.

Sincerely,

Andrea Talhami, Programs Director
DC Greens

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American University
American Diabetes Association
Dreaming Out Loud, In.
Giant Food
National Produce Prescription Collaborative
WANDA: Women Advancing Nutrition Dietetics and Agriculture
Whitman-Walker Health