

## **Section 1115 Comprehensive Waiver/Demonstration Project DRAFT Stakeholder Advisory Committee Charter**

### **Introduction**

California's section 1115 waiver for hospital financing and uninsured care will expire on August 31, 2010. This timing presents California with an opportunity to seek a new section 1115 waiver to transform the Medi-Cal program to deliver health care in a more efficient and effective manner that achieves both long-term cost savings and improvements in access and quality of care; and to lay the ground work for what will be needed to successfully implement national health care reforms, if pending reforms are ultimately enacted.

The California Medicaid program (Medi-Cal) is poised for change. As part of the 2009-10 budget action, ABx4 6 was enacted to slow the long-term Medi-Cal expenditure growth rate through significant restructuring of the Medi-Cal program. This legislation commits the Department of Health Care Services (DHCS) to pursuing a section 1115 waiver that will restructure the organization and delivery of health care for populations that include the most medically vulnerable; high cost Medi-Cal beneficiaries with complex chronic conditions, co-morbidities, and the highest needs for on-going health care.

### **Purpose**

The purpose of the SAC authorized by ABx4 6 is to advise the Department of Health Care Services on the development and implementation of the section 1115 waiver. California will achieve its goals for a new section 1115 waiver through four broad initiatives:

## **I. Promote Organized Delivery Systems of Care**

- A key component of the State's effort to align with the ABx4 6 goals of advancing long-term, efficient, and effective use of State and local funds; improving health care quality and outcomes; and promoting home and community-based care is the development of organized delivery systems of care for populations that include the most medically vulnerable, high-cost enrollees.

## **II. Strengthen and Expand the Health Care Safety Net**

- California's health care safety net system provides critically important health care services to the state's low-income populations, both those eligible for Medi-Cal and the uninsured. The safety net system is inclusive of public and private providers rendering services across the continuum of care in a variety of settings

## **III. Implement Value-Based Purchasing Strategies**

- California will develop and implement value-based purchasing strategies in the new organized delivery systems of care and the managed care delivery system in order to provide incentives and align with the ABx4 6 goals of advancing long-term, efficient, and effective use of State and local funds; improving health care quality and outcomes; and slowing the long-term growth rate of the Medi-Cal program costs for the State and federal government.

## **IV. Enhance the Delivery System for the Uninsured to Prepare for National Reform**

- California's current five-year section 1115 waiver for hospital financing and uninsured care provides \$180 million in years three through five (September 1, 2007, through August 31, 2010) for the development and implementation of Health Care Coverage Initiative (HCCI) pilot programs in selected counties to expand services to low-income uninsured adults not otherwise eligible for Medi-Cal.

The committee will be chaired by the Director of DHCS. DHCS will also convene technical workgroup groups comprised of individuals who will be chosen for particular expertise. The groups are:

- Seniors and Persons with disabilities (SPDs)
- California Children's Services (CCS) program
- behavioral health
- Health Care Coverage Initiatives (HCCI).
- Dual Eligibles

The technical workgroups will identify issues, develop options, and inform DHCS' designs, which will be incorporated into the waiver application.

## **Objectives**

The core objectives of this committee are to:

1. Offer input, knowledge, and experience on how to improve the Medi-Cal program for the health care needs of seniors and persons with disabilities, dual eligibles, children with special health care needs, and persons with behavioral health conditions.
2. Provide feedback on specific strategies that will DHCS will propose to ensure the provision of quality, accessible health care services under the waiver or demonstration project.
3. Suggest ideas for approaches to be used to monitor performance of all contractors and to ensure compliance with all components of the waiver or demonstration project.
4. Review performance standards, and indicators that will be adopted to ensure that health plan services meet the multiple and complex needs of beneficiaries.
5. Review the timeline of key milestones for implementation of the waiver or demonstration project components.
6. Advise on the framework for an evaluation of the waiver or demonstration project, including the process, timelines, and criteria for evaluating implementation, as well as the method for providing periodic updates of outcomes and key implementation concerns.
7. Give feedback on the draft and final waiver implementation plan

## **Guiding Principles for the Stakeholder Advisory Committee:**

1. Assure membership reflects the diverse stakeholders of California's Medi-Cal program and the focus of the waiver.
2. Provide a collegial and open environment to express different points-of-view.
3. Direct communication and problem solving will be encouraged as part of the process.
4. Remain focused on how to best meet the objectives of SAC.
5. Attendance at the meetings and active participation of members is key to meeting SAC's objectives.
6. SAC members will not send substitutes or designees to meetings.

## **Membership**

Members of the SAC will be appointed by the Chair. Members have been selected to balance the expertise and viewpoints that are necessary to effectively address the issues to be considered by the SAC. Members will be recognized stakeholders/experts in their fields, including but not limited to, beneficiary advocacy organizations, organizations representing seniors and persons with disabilities, representatives of rural organizations, hospitals, community clinics, medical providers, behavioral health, and children with special health care needs. Members should be prepared to attend all regularly schedule meetings. The term for appointment to this committee is January 2010 through September 2015.

## **Meetings Schedule**

- First meeting to be held January 7, 2010. All meetings will be held at the Sacramento Convention Center in Sacramento. Future meetings are scheduled for March 10, May 13, June 10, and July 8. Additional meetings may be called by the chair as needed.
- The agendas for each meeting will be prepared by the chair. Committee members are encouraged to suggest agenda items.
- Approved agendas and minutes will be maintained in an electronic, online archive.
- Members are strongly encouraged to participate in person; for those who cannot make a meeting, teleconferencing will be provided.
- All meetings will be held in accordance with the Bagley-Keene Open Meeting Act