COMMENT LOG: 1115 WAIVER PROPOSAL FOR 2015

Updated 10/21/14

DATE	TITLE	SUBMITTED BY	WAIVER TOPIC	MAJOR COMMENT TOPICS
Oct 13	CCHA Letter Regarding 1115 Waiver and CCS	Ann-Louise Kuhns President and CEO California Children's Hospital Association	Input to Waiver Concepts, Waiver Workgroup Participation Waiver Proposal: CCS Regionalized Accountable Care Organizations	Suggested removal of CCS Redesign from waiver. CCS redesign should improve care coordination while retaining access to CCS providers. Requests participation in 2 workgroups: CCS Redesign and Workforce Development. Also provided concept paper for an ACO model CCS design.
Oct 13	Comments on California's Proposed 1115 Waiver Renewal Stakeholder Engagement Process	Anne McLeod Senior Vice President, Health Policy and Innovation California Hospital Association	Input to Waiver Concepts, Waiver Workgroup Participation	Noted appreciation that DHCS intent is to make behavioral-physical health integration strategies a subtopic of workgroup efforts. Requests participation in 5 workgroups: federal-state shared savings, MCO/Provider Incentive programs, DSRIP II, Medicaid-Funded Shelter, and Workforce Development. Ask to be included in not just through stakeholder involvement, but in the core thinking, development and refinement
Oct 10	Waiver renewal proposal: Healthy Homes for Asthmatic Children	Kristen Golden Testa Director, California Health Care Program Children's Partnership	Input to Waiver Concepts, Waiver Workgroup Participation Waiver Proposal: Healthy Homes for Asthmatic Children	Requests participation on 1 workgroup: Workforce Development. Proposes "Healthy Homes for Asthmatic Children" for waiver related to Hosuing proposal. Objective is to show home interventions can reduce asthma attacks, Medical visits, health costs, and provide a methodology for measuring the health impacts of home remediation.
Oct 7	Section 1115 Waiver Renewal - Workgroups - UC Letter	John D. Stobo, MD Senior Vice President Health Services and Sciences Office of the President	Input to Waiver Concepts, Waiver Workgroup Participation	Expressed support of stakeholder process and smaller workgroup structure of impacted entities. UCs have expertise in managed care contracting, DSRIP, and academic health science training. Request participation on 6

		University of California		workgroups: federal-state shared savings, safety net payment reform/DSH/SNCP bundled payment, DSRIP II, MCO/Provider Incentive Programs, Medicaid-funded Shelter, and Workforce Development.
Oct 6	PEACH 1115 Waiver Stakeholder Comment letter	Catherine K. Douglas President and CEO Private Essential Access Community Hospitals	Input to Waiver Concepts, Waiver Workgroup Participation	Support concept of federal-state shared savings to promote whole-person, coordinated care. Recommends Federal/State shared savings be used to fund a DSRIP for Private DSH hospitals. Requests participation on 3 workgroups: federal-state shared savings, DSRIP II, and the MCO/Provider Incentive Programs.
Sept 30	Nurse Family Partnership	Christopher S. Krawczyk, Ph.D | California State Director Nurse-Family Partnership | National Service Office	Input to Waiver Concepts: Nurse-Family Partnership Technical Work Group Participation:	Propose inclusion of NFP in the California 1115 Waiver so the medical community can receive Medi-Cal support and so the State and local partners can share in the cost-savings of NFP and benefit from the demonstrated performance improvement outcomes of NFP. Support at the federal level for a Waiver that includes NFP is highly likely given that NFP is part of the 1115 Waiver in New York and Texas.
Sept 15	Comments for DHCS on 1115 waiver renewal	Rachel McLean, MPH Viral Hepatitis Prevention Coordinator/ STD Healthcare Policy Analyst STD Control Branch California Department of Public Health	Input to Waiver Concepts	These comments are informed by consultation with community partners with a particular expertise in serving persons living with and at risk for HIV and viral hepatitis, homeless individuals, and persons with mental health and substance use disorders, including persons who use injection drugs and face many barriers to accessing care We support the integration of behavioral health services into primary care settings. We support the use of Medi-Cal for shelter We support the use of group visits and telehealth for increasing access to care
Sept 12	*Opportunities for Whole Person Care in California* Report by JSI;	Sarah Muller California Association of Public Hospitals	Medicaid shelter and Whole Person Care.	Document provided as follow up to comments by Erica Murray at 9-11-14 SAC meeting. http://safetynetinstitute.org/wp-

	9/14			content/uploads/sites/2/2014/09/BCSF-Final-Report-Opportunities_20140905-Final.pdf
Sept 10	2015 1115 Waiver	Stephen C. Clark Director District Hospital Leadership Forum California's 43 non-designated public hospitals	Input to Waiver Concepts; DSRIP	Comments on: DSRIP goals for hospitals; consider general fund investment in the Waiver, incentive funds to transform systems; expanding behavioral health Services; strengthening coordinated systems of care; improving outcomes related to patient experience and quality of care provided; expanding chronic disease management
Sept 10	Task Force Comments on California's Concept for 1115 Waiver Renewal	Amber Kemp, MBA Vice President, Health Care Coverage California Hospital Association on behalf of: California Hospital Association (CHA), the California Association of Public Hospitals and Health Systems (CAPH), Los Angeles County Department of Health Services, Private Essential Access Community Hospitals, Inc. (PEACH), the California Children's Hospital Association (CCHA), the University of California medical centers and the District Hospital Leadership Forum (DHLF).	Input to Waiver Concepts	Comments on: Increasing Federal Funding Consider general fund investment in the Waiver Waiver Concepts Incentive Payment Programs Delivery System Reform Incentive Payments (DSRIP California Children's Services (CCS) Program Improvements Shelter and Workforce Initiatives FQHC Payment/Delivery Reform
Aug 27	Assuring Health Access, Integration, and Equity for All California Residents	SEIU State Council 1115 Waiver Principles	Input to Waiver Concepts	Five principles to guide development of the next 1115 Waiver: 1. Maximize federal funding of public hospital systems to ensure access. 2. Cover the full cost of providing comprehensive health care services, including primary and

				preventive care, to the uninsured to ensure equity. 3. Funding designated public hospitals should be the priority of the Waiver, however if other providers or health plans take part in the waiver they must put up their own funds to match federal waiver dollars to ensure fairness. 4. Support increased coordination between county medical, behavioral, and social services, and between county health systems, in-home supportive services, and community-based care to ensure integration. 5. Provide significant funding for workforce training and development to ensure transformation
Aug 12	1115 Waiver Stakeholder Process	Michael Schrader CEO, CalOptima	Input to Stakeholder and Technical Work Group Participation	Comments in consideration of being included in Stakeholder Committee and Technical Work Groups on the following subjects: • Payment/Delivery Reform Incentive Payment Programs; • Safety Net Payment Reforms; • FQHC Payment/Delivery Reform; • Children with special health care needs/California Children's Services (CCS) Program improvements; • Shelter for Vulnerable Populations; and • Workforce Development.
Aug 11	Proposal for California's 1115 Medicaid Waiver Renewal	Erica B. Murray President and CEO California Association of Public Hospitals and Health Systems	CAPH Waiver Proposal	CAPH Proposal includes four elements: 1. A Successor DSRIP that Rewards Improvement, Health and Value 2. Testing of Innovative Care Models that Improve Quality and Outcomes and Contain Costs 3. Payment Reforms that Ensure Access to Safety Net Services 4. A Waiver that Offers the Opportunity to Earn

				Federal Dollars at Existing Levels
Aug 11	CAPH Input to California's 1115 Medicaid Waiver Renewal Concepts	Erica B. Murray President and CEO California Association of Public Hospitals and Health Systems	Input to Waiver Concepts; Clarification Questions	Comments on: Strengthen the DSRIP through a successor program that is more standardized, with a heavier emphasis on outcomes; payment reforms for the remaining uninsured; voluntary county pilots that would integrate physical and behavioral health services, and provide robust coordination with social, housing, vocational training and other services critical to holistically addressing the needs and care of targeted high-risk patients; advance alternatives to FQHC PPS payments in a way that transforms payments while expanding access to services;
July 30	Suggestion for Stakeholder Participation	Suzanne Jacobson, CPA Deputy Director/Chief Financial Officer Santa Barbara County Public Health Department	Input to Stakeholder Participation	Include input from the 6 *Clinic Counties* (those counties that operate clinics, but not public hospitals). While we are members of CHEAC and enjoy our organizational representation as Health Departments from the excellent leadership of Judith Reigel, we are not members of the CPCA and would like a voice as publicly administered FQHCs. Perhaps we could be allowed to participate in or give input into the sub-workgroups on FQHC and safety net payment aspects of the waiver?
July 23	Input into CA's 1115 Medicaid Waiver Renewal Concepts	Andrew Deckert, MD, MPH, Health Officer, Shasta Co HHSA—Public Health	Input to Waiver Concepts-Workforce Development	Needs to address not only access to health care insurance but also to actual health care providers willing to see new patients. The concept paper cover a portion of medical malpractice idea for existing docs to see low-income is fine but still does not address need for additional primary care providers. Most of our primary care providers were full before ACA, now several practices have closed (retirement) or closed their practice to new patients. The main challenge is sufficient providers to see the increased patients.