

June 11, 2010

David Maxwell-Jolly, Director  
California Department of Health Care Services  
1501 Capitol Avenue, Suite 6001, MS 0000  
Sacramento, CA 95899-7413

Dear Director Maxwell-Jolly:

On behalf of the County Alcohol and Drug Program Administrators Association of California (CADPAAC), I want to thank you for your personal interest in substance use issues and, more specifically, how such issues relate to the development and implementation of California's 1115 Medicaid Waiver application. We greatly appreciate the opportunities you have provided us to participate in the planning process, including your willingness to meet outside the stakeholder meetings.

It is our understanding that at the last Stakeholder Advisory Committee you received feedback on financing, inclusion of more detail from the Behavioral Health Technical Workgroup recommendations, and more specificity on the pilots. CADPAAC supports those recommendations.

We have carefully reviewed the Implementation Plan and offer for your consideration specific feedback that we believe is essential to the successful implementation of substance use treatment services as part of the overall strategy.

Below are components essential to the implementation of substance use treatment that may require a waiver, and therefore should be included in the application. We strongly encourage that these elements be permitted within any pilots or other implementation strategies in order to facilitate achieving the waiver's clinical and financial goals:

- A restructuring of Drug Medi-Cal benefits, administrative requirements and reimbursement rates.
- Residential treatment for adults and adolescents in facilities over 16 beds (the maximum number of beds currently allowed under the IMD exclusion).
- Short-term stabilization, which would include residential detoxification as warranted.
- Screening, Brief Intervention and Referral to Treatment (SBIRT) services provided by healthcare workers other than physicians.
- Medication support.
- Consultation and case management.
- Short-term supportive housing.

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Under the HCCI Program Standards section, the plan states that benefit packages will “align with a benchmark plan.” As there is no reference to a specific set of standards that defines such a benchmark plan, we strongly advocate that the process for defining the details of such a plan include full participation from representatives of the substance use and mental health treatment fields. The final benchmark plan must comply with Federal mental health and substance use parity legislation by including benefits that support evidenced-based behavioral health treatment and recovery practices, in order to yield the best clinical and fiscal outcomes. With mandatory managed care enrollment, it is essential that all plans meet parity requirements.

Finally, we recommend that DCHS provide more detail with respect to the pilots and the process for selection and evaluation. Since counties will be asked to bear the financial risk of any pilots, the number of pilots should not be limited by the state. We encourage you to receive input from our association and others in the substance use field to assist you and your staff in designing the specifications for the pilots, and in the selection and evaluation processes.

Again, thank you for your sincere interest in substance use issues, and for your consideration of our recommendations.

Sincerely,

Cheryl Trenwith  
CADPAAC President