California Bridge to Reform Waiver – Proposed Amendment to STC 23.b. and f.

California proposes to amend the completion due date for the Access Report and Plan from July 1, 2012 to January 1, 2013. This activity is a critical piece of our "Bridge to Reform" program. We are requesting a later completion date to ensure sufficient time to complete a thorough report and plan. It is our intention to engage a consultant to ensure that we have adequate resources to successfully complete this project. The six-month extension will allow for an additional six months of waiver-population data to be used in the study, which will enhance the report and plan's quality and utility. Examples of other complexities that require additional time to address including the following:

- *Collecting and accessing Medi-Cal managed care program encounter data*
- *Accessing Low Income Health Program Medicaid Coverage Expansion population data*
- *Determining methods to assess access to primary and specialty services*
- *Determining projections for adequacy of access to care through Medicaid and the Exchange*

115 b. **Access Report and Plan**. The State will by January~~uly~~ 1, 2013~~2~~, submit to CMS an assessment of access to care for the populations currently enrolled in Medicaid through the state plan or under this Demonstration. This assessment will measure access to primary care services and specialty care, including access by major type of specialty provider. This assessment will also identify variations in access in the various counties participating in the Demonstration including differences in access to care that exist between urban and rural areas. The assessment shall include the States projections for adequacy of access to care for persons who will be eligible on January 1, 2014 through Medicaid or Exchange coverage, along with an evaluation of factors that will affect such access, including but not limited to workforce development and network adequacy. The state will identify policy approaches that it intends to pursue to ensure access to care for these groups as well as for the pre-2014 Medicaid population.

f. **Penalty** - Failure to implement or operationalize the milestones listed in this STC will result in the loss of a percentage of the expenditure cap applicable to Safety Net Care Pool (SNCP) expenditures cap (not including HCCI expenditures) under the expenditure authorities. If the State fails to meet a milestone, the annual expenditure authority cap will be reduced by the amount(s) listed in the table below for SNCP expenditures other than those reserved for the HCCI.

Demonstration Year (DY) Deadline	**Milestone Reference**	**Penalty Amount as a percentage of The Annual Safety Net Care Pool Expenditure (Total Computable)**
DY 7 - July 1, 2012	23.a	0.5%
DY 7 - January~~uly~~ 1, 2013~~2~~	23.b	1.0%
DY 6- Mar. 1, 2012	23. c.	2.0%
DY 7 - Oct. 1, 2012	23. d	2.0%
DY 8 - July 1, 2013	23. e.	5.0%

g. **Application of the Penalty.** The State's annual expenditures under the SNCP will be reduced in the proceeding DY to the extent described above. Thirty days after the close of the DY, the State's annual expenditures under the SNCP for that year will be determined. The reduction in expenditure authority shall be applied to sequential DYs, if the State has not met the required milestones. Once a milestone has been met, no further penalties associated with that milestone completion will be imposed.