Section 1115
Waiver Renewal
Stakeholder Workgroup Update

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Workgroups Update
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• Five separate workgroups assembled to develop concepts on:
  – 1) Medicaid-funded Shelter/Housing
  – 2) Provider/Managed Care Plan incentive programs
  – 3) a Delivery System Reform Incentive Program (DSRIP)
  – 4) Workforce Development
  – 5) Safety Net Reform – Disproportionate Share Hospitals (DSH)/Safety Net Care Pool (SNCP) bundled payments

• 3-5 sessions on each topic between November 2014 –February 2015

• A one-day session with a broad stakeholder distribution is planned in late January for the Department to solicit input on a financing strategy for federal-state shared savings under the 1115 Waiver.

• Two other concepts potentially linked to waiver: redesign of the California Children's Services (CCS) Program and Federally Qualified Health Centers (FQHC) payment reform will continue on separate stakeholder/concept development efforts already underway.
## Workgroups

<table>
<thead>
<tr>
<th>Workgroup</th>
<th>Next Meeting</th>
<th>Total</th>
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<tbody>
<tr>
<td><strong>DSH/SNCP Safety</strong></td>
<td>Next (First) Meeting: Dec. 9</td>
<td>3 Total</td>
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<tr>
<td><strong>Net Financing</strong></td>
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<tr>
<td><strong>Workforce Development</strong></td>
<td>Next Meeting: Dec. 11</td>
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<tr>
<td><strong>Plan/Provider Incentives</strong></td>
<td>Next Meeting: Dec. 15</td>
<td>3 Total</td>
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<tr>
<td><strong>Medicaid-funding Housing/Shelter</strong></td>
<td>Next Meeting: Dec. 16</td>
<td>4 Total</td>
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<tr>
<td><strong>DSRIP 2.0</strong></td>
<td>Next Meeting: Dec. 19</td>
<td>5 Total</td>
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Early Areas of Interest

- Alignment of metrics across providers/plans/delivery systems
- Developing shared savings/accountable care arrangements between entities towards better quality, cost effective care
- Behavioral health integration strategies within each of the workgroup concept areas
- Expanding workforce capacity and access to beneficiaries by incenting new providers to serve Medi-Cal and for existing providers to serve additional Medi-Cal patients
- Strategies to maximize federal financial investment under the authority of section 1115 waivers
- Evaluation design for delivery system transformation
Highlights from First Meetings

Medicaid-funded Housing/Shelter (Nov. 4, 2014)

• DHCS Long-Term Care Division and Corporation for Supportive Housing (CSH) provided information on 1115 Wavier renewal process, initial concepts, with a focus on defining housing and housing-based services

Plan/Provider Incentives (Nov. 12, 2014)

• Framed discussion around potential incentive constructs:
• DHCS to Medi-Cal Managed Care plans (MCPs); MCPs to contracted entities/providers; MCPs to county behavioral health
• Potential pay-for-performance structures, shared savings/accountable care arrangements
Highlights from First Meetings
(continued)

DSRIP 2.0 (Nov. 13, 2014)

• Framed discussion around: successes of the current DSRIP, the logistics of non-federal share in CA, looking forward at DSRIP 2.0 as the first 5-yr DSRIP up for renewal

Workforce Development (Nov. 20, 2014)

• Framed discussion around three goals, for a wide range of provider types:
  • Increase the number of new health workers to serve in medically underserved areas or to serve more Medi-Cal beneficiaries
  • Develop innovative ways to address whole person care to address physical and mental health and substance use disorder care needs
  • Create financial and other incentives to encourage greater commitment to serve the Medi-Cal population
• DHCS will be engaging CMS throughout the concept development and stakeholder process
• Workgroup meeting summaries posted on DHCS Waiver Renewal webpage
• Comments can continue to be submitted to the Waiver Renewal inbox
• Public summary of stakeholder input as well as letters to the Department made available on website
Federally Qualified Health Centers (FQHCs) Payment Reform & CA Children’s Services (CCS) Program Redesign Update
FQHC Update: Payment Reform

Objectives

Transform how care is provided at FQHCs
- Increased access and capacity
- Allow for additional flexibilities in care delivery

Build upon the state’s existing organized delivery system
- Strengthen MCP-FQHC relationships

Improve patient health outcomes
- Align incentives for patient-centered care

Test a value-based Alternative Payment Methodology (APM) and bend the cost curve

Enhance data quality
- Data sharing between MCPs, FQHC and the state
- Reporting and tracking measures for evaluation and ratesetting
FQHC Update: Current and Upcoming Efforts

To date, DHCS has provided technical assistance to FQHCs and Managed Care Plans (MCPs) in convening workgroups to develop a viable Alternative Payment Methodology (APM) pilot.

Workgroups on key components:

- data analysis of payment and claims data
- alternative methods of care delivery
- triggers for reconciliation
- evaluation metrics: What does successful practice transformation look like?

Capitation rate development

Legislation and Federal approval
Path to Success

- Consensus between plans, health centers, and the Administration on pilot design
- Evaluation of practice transformation
- Legislative and federal authority
- Viable ratesetting methodology
DHCS has assembled a CCS Redesign Stakeholder Advisory Board (RSAB) composed of individuals from various organizations and backgrounds with expertise in both the CCS program and care for children and youth with special health care needs.

Meetings begin in December 2014 and run through approximately July 2015. This process will also include topic-specific technical workgroups composed of experts in key issues.

The fundamental goals of the redesign process are to: 1) improve care and outcomes for children and youth with special health care needs by ensuring that they receive coordinated care and 2) identify indicators that will measure quality in order to improve care for these children and their families.

The DHCS has no predetermined preference for health care delivery changes or improvements and is looking to the stakeholder process to provide viable recommendations that would best benefit the CCS population.
Technical Consultants

Generally providing assistance to DHCS in:

• Researching national and state issues related to the initial set of Waiver concepts
• Presenting/ facilitating discussion at stakeholder workgroup meetings
• Contributing content for Waiver Renewal submission

DHCS looking to bring on additional consultants with familiarity on 1115 Waivers and Medicaid financing to help with STC and Budget Neutrality development

DHCS also working with departments under CA HHS Agency around specific concepts areas through the stakeholder workgroups
SAC Meetings in 2015

- Will continue through the current Waiver
- Anticipate 4 meetings in 2015
- Tentative dates set Feb 2015 - Oct 2015
- Will continue discussion on progress of current BTR Waiver programs and health care reform implementation
- Will routinely provide update on status of Waiver Renewal efforts at SAC meetings
Foundation Support

CA foundations (Blue Shield of CA Foundation, California HealthCare Foundation, The California Endowment) continue to be supportive of DHCS initiatives that seek to improve the health of our beneficiaries. Among the many initiatives they help support are:

- 1115 Waiver Renewal
- SAC
- FQHC Payment Reform
Questions/Comments
WaiverRenewal@dhcs.ca.gov

News and Updates:
http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx