



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

October 13, 2014

Diana Dooley, Secretary
California Health and Human Services
1600 9th Street, Room 460
Sacramento, CA 95814

Subject: California's Proposed 1115 Waiver Renewal Stakeholder Engagement Process

Via email: ddooley@chhs.ca.gov

Dear Secretary Dooley:

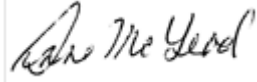
On behalf of our more than 400 member hospitals and health systems, the California Hospital Association (CHA) extends our appreciation for your leadership in investing in the state's health care delivery system to prepare for the significant changes resulting from the implementation of the Affordable Care Act (ACA). We appreciate the opportunity to provide you with our comments on the state's proposed 1115 waiver stakeholder engagement process, and we look forward to discussions with you and your staff on how to ensure access to health care services for the state's Medi-Cal members and remaining uninsured individuals.

CHA appreciates that the Department of Health Care Services (DHCS) is considering a targeted workgroup structure of subject matter experts, in a format specific to each specific waiver concept. Additionally, we appreciate that behavioral/physical health integration strategies will be a sub-topic of several of the workgroups, as we believe there is a great need to improve the care coordination of patients with physical and behavioral health needs. There are many complexities to the proposed 1115 waiver renewal framework that DHCS has put forth, and CHA is uniquely prepared with the knowledge and experience necessary to provide guidance to the state.

CHA has demonstrated leadership in the development of past waivers and of California's current 1115 "Bridge to Reform" waiver, and there are many areas within the proposed 1115 waiver renewal framework in which CHA staff can greatly contribute their breadth of experience and depth of knowledge as workgroup participants. As such, we respectfully ask to be included in the following stakeholder workgroups: 1) Federal-state shared savings initiative, 2) MCO and provider incentive programs, 3) DSRIP, 4) Medicaid-funded shelter, and 5) workforce development. We urge the Department to include us throughout the process, not just through stakeholder involvement, but in the core thinking, development and refinement of the initiatives the state puts forth to the Centers for Medicare & Medicaid Services.

Thank you again for the opportunity to provide comments on the state's proposed 1115 waiver stakeholder engagement process. We look forward to working with DHCS in the coming months to advance our shared goals to 1) further the delivery of high-quality and cost-efficient care for Medi-Cal members, 2) ensure the long-term viability of California's health care delivery system post-ACA expansion, and 3) build on the success of California's current 1115 "Bridge to Reform" waiver so that California can fully implement and achieve the promise of health reform.

Sincerely,



Anne McLeod
Senior Vice President, Health Policy & Innovation

cc: Toby Douglas, Director, California Department of Health Care Services
Mari Cantwell, Chief Deputy Director, Health Care Programs, Department of Health
Care Services