



August 12, 2021

Teresa DeCaro  
Acting Director and Deputy Director, State Demonstrations Group  
Centers for Medicaid and CHIP Services  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Submitted via: <https://1115publiccomments.medicaid.gov>

Re: Support for Medicaid Section 1115 Demonstration Five-Year Renewal and Amendment

Dear Ms. DeCaro:

On behalf of Health Center Partners of Southern California, representing 17 member organizations, including 12 Federally Qualified Health Centers, 4 Indian Health Centers, and Planned Parenthood of the Pacific Southwest, I would like to express my strong support for California's Medicaid Section 1115 Demonstration Five-Year Renewal and Amendment Request. Members of this regional primary care association are the core of our regional health care delivery system, operating over 160 practice sites across five counties, serving 917,000 patients with 3.9 million patient visits annually, and generating \$2.2 billion in economic impact to the region and \$1.4 billion in savings to Medicaid.

CalAIM offers an opportunity to reform California's Medi-Cal health delivery system so that it truly addresses social determinants of health among our most vulnerable populations and advances equity in health, with a focus on whole person care. As CMS reviews California's 1115 Demonstration Waiver request, I want to express the importance of appropriate resources, stakeholder engagement, and transparency throughout the process.

Specifically, I want to share the following comments:

- 1. Community providers, including community health centers and FQHCs, must be eligible for support under Providing Access and Transforming Health (PATH).**



I fully support the inclusion of Enhanced Care Management (ECM) and In-lieu-of Services (ILOS) in the waiver request. Critical to the successful implementation of these services is adequate funding at the community provider level. Providing Access and Transforming Health (PATH) funding will help provide the necessary support to transition from county-based Whole Person Care services to ECM ILOS, as well as support and meet demands of newly eligible populations who will be covered by this high touch benefit. To ensure successful implementation of these elements, it is important that community-based organizations, including community health centers, have the tools and resources needed to work together and build capacity, including payments for new staffing and infrastructure.

PATH support is needed to guarantee data exchange, establish payment relationships, measure value and outcomes, and ensure that beneficiaries remain at the center of care, and allow ECM and ILOS providers to continue to move toward delivery system reform, addressing inequities by race and ethnicity for patients who are historically underserved and experience poor health outcomes.

**2. The public must have adequate opportunity to review and comment on all policy changes.**

I applaud the California Department of Health Care Services (DHCS) for leading a robust stakeholder engagement process as part of the development of the CalAIM proposal and the 1115 Demonstration Waiver request. I support continued opportunities to provide input and comments on all policy changes as this process continues. DHCS provided the vision and guide for many large system transformation initiatives through the submitted request. However, there remain many areas where additional detail is still being developed. Therefore, I would like to underscore the importance of gathering and incorporating stakeholder input into all final policies.

This should include an opportunity to provide input on any assessment, which must be rapidly deployed in the care setting and integrated into provider electronic health record to appropriately manage populations and provide timely access to services across the health care delivery system.

It is anticipated that our FQHC's, currently Community Based Care Organizations (CB-CME's) in the Health Homes Program (HHP), will be Lead Care Managers for ECM and ILOS. They may leverage their knowledge from the success of HHP and



offer recommendations that are needed to reduce administrative burden on providers so that more time may be spent focusing on outreach and improving access and health outcomes for all patients. Managed care plan reporting standardization is one key example.

**3. Ensure that effective safeguards and oversight, with transparency in the process, is built into the program plan.**

I support steps to increase clarity on the safeguards and oversight that DHCS will put in place to ensure efficient implementation of the proposed initiatives. DHCS has set an ambitious plan and timeline for CalAIM. Guidelines, forms, and policy must be standardized and put into practice at every level as the new authorities proposed in the request are implemented.

DHCS proposes enhanced county and managed care monitoring and oversight as described in the CalAIM proposal, but again, details are lacking. At the same time of implementation of CalAIM, California is going through a Medi-Cal managed care procurement process, where DHCS and counties will have the ability to change participating Medi-Cal plans, including the number of plans, that are awarded Medi-Cal contracts. With the large-scale CalAIM undertaking affecting every sector of the health care delivery market, including new activities and alignments, partnerships and reforms, in a multi-year proposal, it will be a heavy lift for our large and diverse state. CalAIM implementation will take a great deal of time, effort, planning, and coordination. I am concerned that concurrent major Medi-Cal market changes may result in patients getting lost in the shuffle. Specific safeguards for patients are necessary so that we do not unintentionally create further disparities and inequity.

While I fully support DHCS in their initiatives, I urge CMS to consider that any enhanced county, provider, and managed care monitoring and oversight planned and described in the waiver request is considerate of these other market changes. Effective safeguards must be identified and deployed with this in mind.

Planning and transparency with providers, and effective safeguards and oversight in this process with all stakeholders, including community health centers and FQHCs, will be important for effective execution.



**HEALTH CENTER  
PARTNERS**  
of Southern California

I appreciate the opportunity to submit comments on the Medicaid Section 1115 Demonstration Five-Year Renewal and Amendment request. I urge the Centers for Medicare and Medicaid Services to approve the waiver request.

Sincerely,

Henry N. Tuttle  
President and Chief Executive Officer

cc: Members of the Health Center Partners of Southern California Board of Directors  
Tim Fraser, Vice President for Government Affairs, Health Center Partners of  
Southern California